# The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXXIX. TORONTO, JANUARY, 1916 No. 1

## Editorials

### AN APPRECIATION

14026
28/3/17

EDITH CAVELL, woman, nurse, and heroine of one of the most heart-stirring dramas of this terrible war.

She took a woman's heart, a nurse's training, and a soldier's chances into the great conflict. She met the same fate as a soldier, a spy. Despicable to treat a woman so. All the world shudders; but was she not a woman, and a little more, enlisted for service, and doing not only her woman's work, but braver things, taking a soldier's chance of serving her countrymen?

The dastardly act of putting her to death has been a virtual demonstration by our foes that their psychology is again at fault, since public sentiment made an enormous wave of recruiting immediately follow Edith Cavell's sacrifice. She " being dead yet speaketh."

Let us look at Edith Cavell first as a woman, and her heritage of home training.

We need not be greatly surprised, then, that in a simple, quiet rectory home blossomed the noble character of Edith Cavell, born of the fused races that produced Boadicea, Philippa of Hainault, Joan of Arc, Elizabeth, Florence Nightingale—all obeying their natural human impulses and becoming the most striking figures in the history of noble service of womankind.

Let us look at our heroine in her preparatory stages as a nurse, her training and its effects on her character, in viewpoint and courage.

Nurses have much in common with the army. They "enlist" to fight disease and intemperance in much the same spirit that the private soldier enlists to fight the visible foe, frequently against the wishes of parents and the advice of friends. Often, too, things lose their glamor, yet they still struggle on towards their graduation, bound to bow to no defeat. Sometimes the pupil-nurse is almost financially impoverished during her long training, and it demands no mean physical courage to go on. This surely develops fortitude.

After seeing every form of human frailty in the hospitals and in private dealings with all sorts of citizens, she learns to judge the value of her own life in any contingency. Courage, presence of mind, sane judgment, thoughtful generosity, intense devotion to a cause, are all developed in hospital training schools. Then, when face to face with life's suffering on the battlefield, do we wonder too much at the courage

that we have forgotten to take toll of, perhaps when only exercised in "the common round and the daily task."

Honor the nurse who faithfully sticks to her post despite fatigue, discomfort or loss, to carry her patient past the crisis of typhoid or pneumonia, or who bids her friends farewell to give her life to the lepers of the Pacific, or again, who crawls along the narrow ledge of a high tower to guard from outside the window of the room where her despondent patient has locked himself. Let them be ranked, though nameless and inconspicuous, with their noble sisters overseas.

From the front news comes to us in a far from complete form, while we shudder, going in safety about our business, at the snatches of information we hungrily read.

Would not, perchance, any one of us proudly endanger our lives to render our soldiers aid, visit them, Christlike, while in prison, at the risk of being watched by the enemy, send them letters (and money that might be marked and recognized when intercepted), face a cruel, barbarous judge, and loftily refuse to plead for pardon? To do this, one must have well learned one lesson, the last in the primer of life, to cast up the accounts of one's days, and decide which were the greater gain. This is one thing that the qualified nurse has learned to do, to look the world coolly and dispassionately in the face, and to assign to people and things their true values.

The fearless example of Miss Cavell will be immortalized by illustrating every lesson in morals in the thousands of training-schools throughout the world. By her death she has glorified the whole nursing sisterhood. Tears spring unbidden to the eye when we see the pathetic figure of a devoted French nun stretched dying on the battlefield, sped to her fate by a random bullet. *Random!* But what more for the woman who is purposely shot when—was it Divine succor sent in pity at a miraculous moment? —her soul full of high courage, but her body too weak, she stepped forth to her fate, and then swooned away? Miss Cavell displayed coolness, fortitude, sane judgment. She must have faced the situation logically and said to herself, " Belgium is under martial law, but that law comes from Might, not Right. Englishmen have taken up arms to protest against the violation of Belgium. I, though alone in Belgium, hereby enter the same protest." Again, like her illustrious forerunner, Florence Nightingale, she did not remain inactive. She stooped to no disgusting espionage. She simply gave freely of her substance to her compatriots for the cause of England. And she had to die for it! She earned the Victoria Cross just as much as the soldiers who, surrounded by their fellows and fired with their *esprit de corps*, pressed on valiantly towards that shining mark.

When the barbaric, primitive ancestors of our present foe poured over the Alps to overflow the civilization of ancient Rome, they committed no

rapine among the Roman women so brutal as what this awful war has incited. Centuries later, when feeling ran bitter and high over religion, and a more civilized race espoused the cause of a great Church, but made it the lasting mark of hostility to many by using the thumbscrew and the stake, for the glory of the Lord, they used the most modern means at their disposal to produce the uttermost refinements of torture. Latest of all, at a period when the women of England and America were putting forth their greatest efforts for suffrage, in which the mothers and sisters of the hated foe had met them on an almost equal basis, German soldiers began using the most scientific, military, judicial and surgical knowledge they possessed to spread devastation through the nation they envied. The annals of even a savage African or American tribe do not present a story to equal in extent and ferocity the acts of these monsters. To fire on a flag of truce, to drop bombs on hospitals full of wounded men, to shoot a fainting woman, these are the sorry triumphs of the Kaiser. But out of all this comes a strong thought, as the preachers say. There can be nothing denied the class of women who die bravely for their country, whether you think of Florence Nightingale, first to brave disease and all the other trials of the Crimean war, or that noble Red Cross nurse of this day who offered herself as the subject of experiment for a powerful vaccine, whose failure meant her instant agonizing death, whose success, life and health for

her soldier patients; or greatest of all, Edith Cavell, proudly devoted to generosity of impulse and love of country. Poems there will be, many, and statues, tablets, letters of heartfelt sympathy, protests, recruiting, every conceivable tangible result from her death.

Of her like there are many. In spite of science, degraded to low abuse of life, in spite of gun factories, air raids and armies, the barbarous foe can never destroy the spirit, the laws, or freedom of a race that breeds such women as these.

The story tells us her friends went by her side just as far as ever they could.

And some one has ventured this tribute:

"And when her eyes were opened, she had but a little way to go alone. It was not dark. There was a faint celestial light upon the path ahead, and a distant sound of bells chiming in the air where all else was very still. And while she yet pressed her hands upon her great wound, and slowly picked her trembling way, sweet voices gently bore upon her ear, and soon a group of shining ones stood near her, supporting her, and brought her through the noiseless swinging portals of their Home. And they led her joyously to One who said, 'I was sick, and in prison, and ye visited Me.' And immediately her wound was healed. And He said again, after a little while, when the joyous welcome was over, 'Come thou up a little higher. Sit down at My right hand.'"

## "SPINAL SUB=LUXATION FROM EXPOSURE TO RAIN"

In view of the interest being taken, particularly of recent weeks, in what is called Chiropraxy, the profession will be amused to learn that, the other day, we had sent in to us for perusal an insurance claim paper, which a chiropractic practitioner in an eastern city had the temerity to sign. He answered three of the questions in the following manner:

Q. What symptoms was your diagnosis based upon?

A. Severe headache, chills and extreme nausea.

Q. What were the causative factors of illness?

A. *Spinal sub-luxation, excited by cold from exposure to rain.*

Q. What did you prescribe?

A. Chiropractic adjustments.

We admit that the writer has practised medicine for twenty-eight years, but never, until now, has he known or read that it was possible to sustain *a dislocated vertebra by exposure to rain.* The practitioner (?) should receive a term in the common jail until such a time as he recovers his sanity and is in a fit state of mental health to cease defrauding his fellow men.

Is it not time that the gullible public, who enjoy being sick, should know enough to "come in out of the wet"?

## A TRIBUTE WELL DESERVED

THE December meeting of the Academy of Medicine, Toronto, held on the seventh, brought out a very large attendance. The chair was occupied by the Vice-President, H. A. Bruce. Many able and practical papers upon local and general anæsthesia were presented. With the approval of the Executive, the following Resolution was presented on motion of Dr. N. A. Powell, seconded by Dr. J. H. Elliott, and enthusiastically adopted:

Moved by Dr. N. A. Powell, seconded by Dr. J. H. Elliott, That the broad and progressive action of the Hon. the Provincial Secretary, in placing through our Provincial Board of Health, sera for the treatment of diphtheria, typhoid fever, and allied diseases, at the disposal of the people of Ontario, free of all cost, merits and receives the warm approval of this Academy.

Coming at the time when the cost of many drugs has notably increased and when the ability to meet such cost is in many cases lessened, by reason of the war, the new regulation is doubly welcome.

The Provincial Government is to be congratulated upon having taken this wisely economical step, one that should result in a great saving of life and in a marked lessening of sickness.

Mr. Hanna's action places Ontario in advance of any other State or Province on this continent in the matter of preventing or meeting in their early and curable stages the diseases amenable to serum treatment, and the Academy honors itself in honoring him.

The Resolution was, of course, entirely non-political. If its mover has any Conservative leanings no one has ever been able to discover them.

When we consider the average cost of a full dose of diphtheria antitoxin, and when we consider further that our Provincial Laboratory antitoxin has materially lessened the mortality from diphtheria in the Toronto Isolation Hospital alone, the splendid work of Drs. McCullough, Amyot, and Fitzgerrald, merits our warmest commendation.

The benefits of the laboratory are more than Province-wide. They extend to-day from Vancouver to Saloniki.

# Canadian Journal of Medicine and Surgery

## Editors


**Surgery:**

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

**Clinical Surgery:**

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

**Orthopædic Surgery:**

B. E. MCKENZIE, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association. W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto.

**Militia and Naval Medical Services and Ambulance:**

J. T. FOTHERINGHAM, M.D., Lieutenant-Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator CHAS J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

**Medical Jurisprudence and Toxicology:**

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

**Hospital Administration:**

MISS AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

**Pediatrics:**

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

**Medicine:**

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

**Clinical Medicine:**

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

**Mental and Nervous Diseases:**

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Gynecology and Obstetrics:**

B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

**Pathology:**

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

**Ophthalmology:**

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear:**

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

**Dermatology:**

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

**Managing Editor;**

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.



Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

*Reprints supplied at Net Cost*

# Original Contributions

## THE MEDICAL COMMISSION*

### IRREGULAR PRACTITIONERS.

By Arthur Jukes Johnson, M.B., M.R.C.S. Eng.
Chief Coroner.

I have been asked to speak as to my own personal experience with irregular practitioners.

They are a menace to the public and to society generally, chiefly from two standpoints:

1. *Because of their undertaking to cure disease of which they know nothing and thereby prolonging suffering.*

2. *Because their ill-directed efforts are not always free from danger to life itself.*

There are a large number of persons in this Province who are more or less weak-minded. If they are admitted to an asylum many of them at times are so bright and clever that their friends will not believe that they are fit subjects for an asylum. Friends induce the relations of such people to try something new, something that it is supposed medical men do not know anything about, something that has some mystery about it.

The irregular practitioner, not understanding anything of insanity, looks upon these cases as any other person who did not understand mental conditions might, as being a mere nervous affection, and at once promises a cure. The patient is taken into

* This series of articles represent the views of different members of the profession, as laid before His Lordship Mr. Justice Hodgins, K.C., Medical Commissioner in the investigation that has been under way for the past two months or more, and we feel gratified to be in a position to give our readers throughout the Dominion the benefit of such interesting material.

a half hospital, half private house, where the irregular practitioner lives, and is treated there, chiefly by somewhat coarse methods of massage. As soon as another attack, accompanied by the more marked symptoms of insanity, occurs, this patient either escapes, or commits suicide, or gets into some other place of the same kind to repeat the same process.

A number of these cases have come under my notice. In some inquests have been held, in others a certificate of death has been secured from a regular practitioner, either through misrepresentation or by some other method equally disgraceful.

When an attempt is made to inquire into one of these cases the result generally seems to be that the coroner's jury are inclined to think that the deceased had already been treated in an asylum, and had not improved, and that the irregular practitioner had almost succeeded in doing something, which, however, he failed to accomplish, and that under any circumstances a broken-down, more or less decrepit, semi-insane person could easily be spared.

Two cases at present in hospital in the city of Toronto will illustrate the danger of treatment by irregular practitioners. One is the case of a gentleman who contracted a disease without his knowledge, which when properly treated can be cured absolutely. This man tells me that he has been under the hands of a large number of regular and irregular practitioners. That the suggestion of three years of constant treatment which the regular practitioner told him would be absolutely necessary for him to observe to enable him to be made perfectly well was too old-fashioned and slow. He therefore tried various irregular practitioners. They all promised him that he would walk again, quite well, in a short time, and be able to attend to his business. He grew steadily worse, and is now under the care of one of this committee. This poor man will probably never recover completely, but he will improve. It is too late now to accomplish more.

Another case is that of a young girl who for many weeks has been under the treatment of an irregular practitioner in the city of Toronto. She paid a large sum of money at regular intervals for this treatment. She has always been assured that she has nothing the matter with her but what could be made

well, and she has now drifted into hospital a veritable wreck, with a form of disease that is absolutely incurable, as far as science knows.

The suggestion which has been made that the irregular practitioner should be allowed to put some of his forms of treatment into execution in the Home for Incurables and other such institutions would, judging by the above cases, merely produce an amount of unnecessary suffering without any good result.

Where death has resulted from improper treatment, or gross ignorance of the disease from which a patient is suffering, we have had a number of cases.

In the case of *The King against Lewis* it was shown that a child of the accused had diphtheria, that the child was treated by a healer, who did not believe that the child had anything the matter with it that could not be removed by silent treatment. In this case it was shown that at the present day only a half of one per cent. of children who suffer from this condition die from it if properly treated.

Lewis was found guilty at the Assizes of manslaughter, because he did not supply his child with proper medical attendance, such attendance being one of those things that it was necessary for a parent to supply to his child when ill. The case went to the Court of Appeal, but the Chief Justice's ruling was sustained.

In a case which occurred in this city last January, a woman was said to have some condition which was described by the irregular practitioner who had attended her, when he was called as a witness, as arising from " an impingement on a nerve which passed out of the spinal column," and for which he gave her a large number of treatments for the purpose of getting the bones of her spine into " alignment." She died rather suddenly, and the neighbors reported the case to the police, and upon inquiry I thought an inquest had better be held. I, myself, examined this poor woman's body. There was nothing whatever the matter with her spine or spinal column. There was no impingement on any nerve. The bones of the spine were not out of alignment. The history of the case was of the simplest possible character. She had caught cold, had a pleurisy which had gone on to become purulent, one side of her chest being full of matter.

This is a case which might have been saved, if the woman's chest had been tapped, or if the condition had been appreciated and any treatment which would lead to the absorption of the fluid had been adopted.

The man who treated this case was examined at the inquest. He described the condition he supposed the deceased to have suffered from. When asked as to what nerve it was that was impinged upon he said it was the first nerve, and on further cross-examination he did not know the name of the nerve; he did not know its distribution; he did not know its function, whether it was a nerve of sensation or a nerve of motion. In fact he said that those "were not matters that his school took any note of."

It has been suggested that these irregular practitioners should be allowed to give evidence in our courts. This is hardly a question that can be discussed. If a man does not know the anatomy of the human body, if he is ignorant also of the physiology and normal action of the different organs in the body, of what value can his opinion be? If he does not know the function of the nerves in the body, the effect of certain conditions of the blood vessels, it is hardly possible to conceive how he could presume to give evidence. And yet these men are ready to give evidence.

In the Lewis case, above referred to, a gentleman while on oath declared that nothing could harm him: that if he was hit by a bullet shot at him, it would not hurt him; that he was immune; that he could drink carbolic acid, and that it would not affect him. This statement was too much even for the jury.

In an inquest that I held nearly twenty years ago, one of the first inquests that we had arising out of matters of this kind, one witness had the effrontery, upon oath, to declare to the jury that the deceased was not dead. Whatever explanation this statement might permit of, it is to say the least dangerous and misleading to the average juryman.

If there is any form of treatment that is known to any irregular practitioner in which there is value or honesty, the medical profession are only too glad to welcome it, to try it, to discuss it, to understand it, and, if there is anything good in it, to adopt it.

From time to time in the world's history great discoveries have been made in medicine, and have been of great value to the public. Medicine is a progressive science, and where a suggestion is made of something that has recently been discovered there are always lots of men ready to take it up and put it to the test. This very work is being done here in the city of Toronto in the Research Department of the University of Toronto and the Toronto General Hospital, and is being carried out more or less in the ninety-six hospitals that are established throughout this Province. Research, however, differs in one marked particular from the so-called treatment adopted by irregular practitioners. Research is not undertaken for money. It is not undertaken because of something that may be learned thereby that nobody else shall ever share in. It is undertaken for the sole purpose of the advancement of science, of alleviating distress, of lessening pain, of prolonging life, and where life cannot be prolonged past a certain point, of alleviating suffering which otherwise would be unbearable.

---

## THE EDUCATED PHYSICIAN VERSUS THE IGNORANT MANIPULATOR.

By Goldwin Howland, M.B., Toronto.

Your Honor,—I desire to impress three very definite facts in regard to this subject, as follows:—

(1) The necessity of a full medical course for those who intend to practise medicine in any form and to be known as "doctors" by the community.

The study of the diseases of mankind has become enormously increased in the last twenty years, and the amount of knowledge collected from all over the world is becoming very vast indeed.

Originally there were only practitioners who practised all forms of the art of healing, but soon there arose the specialists in surgery, in eye and ear, nose and throat, obstetrics and gynecology.

To-day, in all the great centres, a new class of men have arisen, the medical specialists who practise alone the subjects of tuberculosis, or diseases of the lungs, or of the heart, or of the skin, or of the digestive tract, or of the kidney, or of nervous diseases.

Two causes have produced these divisions of medical work, namely, on the one hand, the public demand the most recent methods in the diagnosis and treatment of their diseases, or they will go abroad to find them; and, on the other hand, the volume of knowledge in each of these departments is so great that no man living could manage to acquire proficiency in all. In fact, it is well nigh impossible to remain up-to-date in any one single branch.

Now the point I desire to illustrate from this argument is this, namely, that a four or five year course in medical education produces a man who, compared with the medical and surgical specialists, is largely an undeveloped physician; but it at least gives a man an excellent foundation and a general knowledge of disease that will enable him to successfully treat the public in their ordinary ailments and will enable him to acquire, with steady work, fuller knowledge with comparative ease.

But, your Honor, to suggest, as I understand it has been done, that a year or two-year course could fit a man to practise, is an absolute impossibility and would render the profession an absurdity and be a serious injury to the public, who rely on the ability of the man who is termed a *physician.*

(2) My second point that I desire to lay before you is the difference between the standard of the *medical practitioner* and the non-qualified individual who *professes* to treat diseases.

The medical man takes a five-year course and gets a splendid grounding on the subjects of the cause, the nature, the location and the treatment of disease.

By these methods the greatest of all arts, and that which requires the greatest skill, is acquired, namely, the ability to diagnose and tell what the patient is suffering from. A very large portion of the student's time is spent in this direction, and concerning the work of the physician in his own lifetime, the greatest and most important of his duties is again this diagnosis of disease.

It is impossible to lay too much stress on this particular feature, for this ability to determine the disease *distinguishes the educated physician from the quack and the non-professional "treater."*

When it comes to the treatment of the disease, the medical man must also be educated to realize the value of all forms and to apply them to their proper and best advantage.

But he is unable to himself practise the manifold forms of treatment, although he must be well educated to appreciate and to direct their application.

To meet this contingency there has arisen in our midst a class who devote their time entirely to *treatment*, and within this class I include all such divisions as the chiropractor, osteopath, the masseuse and the viavi operators, the optometrist, the hydropath, and many other similar non-professional men.

These individuals in most cases do most excellent work along their own lines, but they form the class of the "treater" in contra-distinction to the educated medical practitioner.

They all profess to diagnose disease, and in most cases ascribe it all to one source, which doubtless is a great saving of mental worry to them, but is of course an absolute absurdity. When you have practised for many years and have seen case after case of people suffering from cancer of the brain or spinal cord, from bleeding into the brain, from syphilitic diseases of many types in the nervous system, from inherited and degenerative diseases, and from many other maladies, which examination after death have proved real and visible conditions, you will realize the utter disgust which an educated man must feel when he understands that these same sufferers have all been told that they had all the same disease, namely, a little kink in their spine.

This, sir, is the condition to-day; in short, an educated body of men, termed the medical profession, who advise and select all forms of treatment for the cases they diagnose, and on the other hand an ignorant or partially educated class who pretend to diagnose, but who are proficient only in one single branch of treatment.

Finally, there is the class of men, I may add, who are qualified practitioners and who prefer to practise only one form of

treatment such as I have elucidated above. These are very few in number, but do excellent work.

On this ground I would urge, your Honor, that it is in the interests of the public that these two main divisions should be kept absolutely *separate.*

The regular practitioner, that is, the *individual who is able to diagnose as well as treat,* must take a full-time medical course, at as present prescribed.

The University must furnish him with every opportunity to become a high class practitioner and adept in the knowledge of all forms of treatment.

If he desires to practise any special forms of treatment, such as osteopathy, massage or electric therapeutics beyond the scope of the work, that should be taught in the University in order that the value of all physical methods may be understood, then he must take such course where it is elsewhere offered.

In regard to the question of the education and organization of the second class irregular practitioners, I desire to state my views apart from my position as a representative of the Academy of Medicine, and I do so because from my work as a nerve specialist I am constantly in touch with the work of these irregular practitioners.

I am of the opinion that there should be a school for the medical application of the physical sciences, similar in its construction to the technical schools, which offer a parallel education in other trades.

The Board of such a school should include the president of the university, and the professors of anatomy and physiology of the university, and of representatives of the Medical Council, and of men from each of such classes of irregular practitioners as the Government should consider to be eligible.

The courses of training should be at least two years, and should consist, mainly, (1) of anatomical and physiological courses taken under the control of the university, and (2) of such series of courses in the study of massage, osteopathy, electro-therapeutics, X-rays, and other like methods as may be advised to the board by the representatives who compose its members.

Such courses should be followed by examination under the board, and should enable the successful competitors to arrive, not at the degree of doctor, but must lead only to a certificate of skill or ability in all such physical sciences or in such as they may elect to take.

The courses in anatomy and physiology would be imperative, while the courses in the second group could be selective.

As to the present irregular practitioners in the Province, I would suggest that they either proceed to the fuller degree of doctor by taking such work as is required by the university, or that they be required to pass the examinations of this board for the medical application of the physical sciences without any further delay.

Candidates failing to pass should be deemed irregular and legally be disqualified from practice.

As to the cases of such masseurs and other persons whose education or desires render it impossible for them to take such courses.

In these cases, and in order not to injure any in this class, I should suggest that they should be legally disqualified from advertising their profession, but should be allowed to obtain their work indirectly from qualified persons.

Finally, I should add that no degree from any foreign country or other province should be accepted without the unanimous consent of the board, this clause being inserted to prevent a majority of the board combining together against the objects of this institution.

Separate chartered institutions conducted by those sects appears to me unwise and certain to lead to disaster to the public.

Under these conditions those certificated "treaters" would be at the disposal of the medical profession and of the public, but under no condition would they be allowed to diagnose disease, or to term themselves physicians, because the latter term to the public means "ability to diagnose."

Concerning those at present in the practice of these various forms of treatment, they can of their own free will determine into what class they are prepared to enter, namely, the educated

ranks of the medical profession or into the class of the certificated masseur or osteopath.

If into the former class, it will be necessary for them to complete the defects they possess, by taking such a number of years university work as is necessary to fit them to become skilled in the diagnosis of diseases; while if they elect to become "certificated" they should be under the onus of obtaining the certificate on examination, as above proposed.

Finally, all non-certificated practitioners should, I believe, be considered "under the law," and treated as dangerous to the public.

(3) The third point I desire to make is, that the public must be protected from the ignorant practitioner.

In the ancient days of the medical profession, it was thought and stated frequently that all disease came from the liver. To-day modern science has proved, and proved beyond all doubt, that the sources of disease are manifold, and that it requires the greatest care to discover the cause in any individual case. Hence we have such diseases as syphilis, due to a definite germ, with a great group of diseases produced by it; we have all the various forms of tumors; the types of worms and the growths they form in the body when they migrate; the infective diseases as typhoid, malaria, etc., the tuberculous group; we have the diseases following poisoning by lead, alcohol, arsenic, and we have many other groups with like definite causes, and definite results, worked out by scientists who have devoted their lives to this subject.

Against this you have new cults, claiming in the face of all this science that all disease is of local origin, in some spinal displacement. It is the old question—years ago of all disease coming from the liver, and now from the spine. And it is simply the idea evolved from ignorance to enable the individual to escape the toil and work that is necessary to form a diagnosis.

To illustrate my contention that the public must be protected, let me illustrate by reference to some groups of nervous disease.

There is a large group of diseases, where the disease is transmitted from mother to son, and attacks the boys usually, but

is transmitted by the girls, who usually escape themselves. These sufferers are usually incapacitated from work in a few years, and medical science has found no cure, nor do we expect to find one when the disease is in the "strain," so to speak.

These cases must be honestly told of their condition, and that no cure on earth is known. But I find in the hands of the ignorant practitioner that they are submitted to long courses of treatment at much expense, not because it is desired to cheat the patient, but because of ignorance as to the disease and its course.

Again, in the class of the degenerative diseases of age, there is no cure to be expected or known here, and again we find the same unfortunates spending their last earnings in order to take treatments that have never succeeded in curing any case.

Among the cases at the Hospital for Incurables, seventeen of the recently admitted cases had taken osteopathy or chiropractics, and a few years ago we had a skilled manipulator permanently in the hospital, and while he did give temporary relief to a few cases, yet not one was ever sufficiently relieved to leave the Home; that is, they were still incurable and incapable of active life in any form.

Perhaps it might be urged that relief is given, and this is true, but in this class of case there are other forms of physical treatment that are not costly and do the work with greater advantage. But the point is they are urged to take the treatment with the prospect of cure, which both physician and patient, with equal ignorance and hope, expect to see.

Again, in the large class of diseases due to infection, which some of the most ignorant of this class of practitioners do not believe in (a sign that points to mental lack of balance)—in this class lie the types of disease called meningitis.

Now in this group it is absolutely necessary to examine the fluid that circulates throughout the brain and spinal cord, and by a simple technique it is possible to obtain this.

In these three specimens I show you two are clear and one is clouded. They were obtained from hospital cases.

Of the two clear, one is a man in full health, and the other is from a patient who is suffering from general paresis, and is going on to the asylum.

The examination of these fluids is done by all students, and yet it demands a knowledge of all the sub-divisions of medicine —bacteriology, chemistry and microscopical work. Yet, as a result, we can foretell the fact that these cases will shortly become mentally incapable of making a will.

What can the irregular practitioner tell? He is hopelessly at sea to such a diagnosis, because it demands an education, and he is purely a "treater."

The third tube is from a meningitis case, and it is easy to see the difference, as the milky color shows the presence of pus.

Now this last may seem a simple deduction, but again it is necessary to examine the fluid by other means, because it is possible to determine still further the cause, and it is only in certain causes that we have so far managed to secure any cure.

In these cases a week taken in making a diagnosis may mean death; cure only comes in early treated cases.

That it is impossible with safety to the public to allow uneducated men to practise as physicians, is easily evident from such a case.

Finally, in regard to the nerve prostration cases, and the hysterics, which are the happy hunting grounds of all irregular practitioners, my experience goes to show that no one form of treatment is any better than the other. In these cases the masseur, the osteopath, the chiropractor, and the electrician, and all the others seem equally to succeed and equally to fail. It is customary with these patients to pass in turn from one method to the other, quoting success for the time, but in time again relapsing. Even as forms of treatment there is no surety that any of these will definitely cure.

I have purposely refrained from describing the errors I have observed in diagnosis in my acquaintance with these irregular practitioners; I realize that we all make mistakes at times; that the physician's local errors will naturally at times be detected by the skilled manipulator, just as the architect's mistakes are revealed by the carpenter; but this in no way lessens the fact that the irregular practitioner, apart from his experience in these smaller local conditions, is wholly unable to diagnose the enormous number of diseases of the body of

which their local conditions form only a fraction. I can truthfully say that I have never yet seen a single correct diagnosis made by my unlearned confreres; and apart from the serious errors that I could describe, but which I see no reason in detailing, I may add that I have yet to see one organic disease of the nervous system which they have cured.

It is unnecessary to prolong this argument, but let me recapitulate my remarks:

(1) The medical practitioner is a highly educated man, trained to diagnose the cause and nature of disease, and to deduce proper treatment, and in cases to carry it out.

The irregular practitioner is an uneducated man as regards the science of medicine, and is only a technical agent in the treatment of disease.

(2) These two classes must be kept separate, and while the medical profession must be kept up to its full standard, and in time this raised still higher; on the other hand these irregular practitioners must be controlled and limited entirely in their prerogatives to treatment, in no way whatever being allowed to assume any position or work where diagnosis is necessary.

(3) The man with a university education should only have the right to the degree of doctor, which to the public means having the ability to tell what is the matter with them.

(4) The non-educated practitioner should be certificated, and not degreed.

(5) No American degrees of any sort should be recognized.

I must thank you, sir, for your attention.

---

## DIAGNOSIS AND ITS IMPORTANCE.

By J. H. Elliott, M.D., Toronto.

I desire simply to say a few words, your Lordship, with reference to the importance of preliminary training. Preliminary training in certain scientific lines is, I consider, absolutely essential in order that a man may be qualified to make an accurate diagnosis, which is most important from the point of view of the treatment, and also important from the point of view of the family in order that the physician may be able to give an opinion as to whether the disease is one that is incurable or otherwise.

I believe it has been stated before this Commission that some of the preliminary studies, such as chemistry and bacteriology, do not form any essential part of the preliminary training of the man who wishes to treat disease. There are certain diseases which we feel we can differentiate only by a bacteriological study. Take, for instance, the malignant disease which we know as diphtheria, and diseases less dangerous, such as, say, tonsilitis. Now tonsilitis, from which the patient may feel extremely ill, may apparently be much more severe than a case of diphtheria; yet diphtheria is a disease which may be the cause of a widespread epidemic, and which an unskilled and unqualified diagnostician may not consider it necessary to treat any further.

By a study of bacteriology, pathology, chemistry and other necessary subjects, the trained physician leaves our university able accurately to diagnose disease, and in a position to at once check an epidemic, which might otherwise spread from this one case.

Then we have the microscopic study of sputum in order that the qualified medical practitioner may be able to differentiate tuberculosis from other diseases. And not only is this important from the point of view of diagnosis, but also as a matter of precaution for the rest of the family. Tuberculosis, as we all know, is an infectious disease. It is particularly infectious for children, and it is only by careful examination, by methods which are learned by a long course of study and by a study of biological reactions which are taught every student in his four or five year course, that they are able to make a diagnosis, positive or otherwise, as to the absence or the presence of tuberculosis in the child.

We have an instance before us now. We understand that our own University Base Hospital has been sent to Egypt. If our men had not been qualified by thorough training here in regard to microscopic diagnosis and study of the blood and the parasites which are found in the blood, they would be at an absolute loss in that tropical district to make a correct diagnosis and differentiate between malaria and other tropical fevers. Whereas, with their training, they are able accurately to diagnose and institute proper treatment.

In olden days, before microscopic diagnosis had been developed, a chill and fever was presumably malaria, and the man was dosed with quinine. To-day, thanks to the use of the microscope, we can tell whether that chill is due to malaria or due to an abscess of the liver; and we can institute, correspondingly, proper treatment.

Now a word as to the subject of chemistry. Although in an advanced case of Bright's disease a physician would venture a diagnosis without a chemical or microscopic examination of the urine, in the early stages of the disease no physician would venture to make an absolute diagnosis without a chemical analysis and study of the urine or a microscopic examination of the same.

Another disease where early diagnosis is essential is cancer of the stomach. By a chemical examination of the stomach contents we are able to make a correct diagnosis of this disease and to institute proper treatment, and frequently to save life, whereas if the diagnosis were left until it could be made by ordinary observation, without chemical study and analysis, the patient would probably be in a hopeless condition and his life could not then be saved.

These, your Lordship, are a few instances which occurred to me from amongst scores which might be brought forward, and which I lay specificially before you to give force to our statement that a preliminary education in the subjects of chemistry and bacteriology are absolutely essential to the man who is going to practise medicine, and who, in order to be able successfully to practise medicine, must, for the safety of the public, be in a position to make an accurate diagnosis and be able to differentiate between the various forms of disease.

---

## PREVENTIVE MEDICINE.

By Charles J. Hastings, M.D., M.O.H., Toronto.

---

I have limited my remarks, your Lordship, to the experiences we have had in the city of Toronto with regard to the significance and importance of preventive medicine. Inasmuch

as I have not touched upon the important point of vital statistics, and as that was the concluding point regarding which you were questioning Dr. McCullough, I might say that vital statistics constitute the book-keeping of preventive medicine, the book-keeping of humanity.

We cannot possibly know just what progress we are making in the administration of public health or preventive medicine without accurate vital statistics. That is, if we have a statement or a certificate handed to us showing that a person has died from a disease, and that report is not based upon scientific knowledge and careful diagnosis, that party may have died of some incurable disease, and therefore we do not know just to what extent we are controlling that particular disease.

Our results, therefore, depend upon accurate diagnosis and upon our vital statistics, which show us just what headway we are making along certain lines. We may have a very low mortality from typhoid fever, diphtheria, or scarlet fever, and yet our general mortality for the city may be high. We can look over our vital statistics, and if they are accurately kept we can ascertain that the large mortality is due to deaths resulting from certain specific diseases.

So that your Lordship can quite readily understand the extreme importance of vital statistics, and the extreme importance also of death certificates being signed by those who have had that scientific knowledge and training which places them in a position to have made an accurate and careful diagnosis of the case they have reported upon. Without this scientific knowledge their statements and reports would be absolutely useless, and your Lordship will see that any reports they would send us in regard to any disease could not be recognized, knowing that the parties making them were not in a position to have made a proper diagnosis of the disease.

I think it is apparent to your Lordship and to us all that it is much more sane to prevent disease than to cure it, and when we realize fully, and get the public to realize, the fact that hundreds of thousands of dollars are spent annually for the cure of disease that should not have existed, then we shall recognize the extreme importance of scientific knowledge along these lines.

Probably the most valuable asset the Department of Public Health possesses is the full and hearty co-operation and endorstion of the medical profession. This co-operation would be useless without the scientific knowledge the regular physician possesses.

The science of preventive medicine is based on a full and complete knowledge of bacteriology, biology and diagnosis. We depend largely on early diagnosis of preventable diseases for their early control, and inasmuch as the knowledge of bacteriology and biology is essential in many instances for this early diagnosis, the necessity for this scientific knowledge is obvious. The wonderful advances in the newer science of preventive medicine during the past decade is due, for the most part, to advances in the science of bacteriology and biology.

Previous to the discovery of the germ origin of disease, administrators of public health were, for the most part, groping in the dark. It was evident to them that certain diseases were transmitted from one person to another, but no one knew how. However, as the science of bacteriology advances our knowledge of the cause of the various diseases becomes fuller—as did our knowledge of the source and modes by which these diseases were transmitted from one person to another.

One need cite but a few instances of this to prove the correctness of the statement.

Our knowledge of the fact that typhoid fever is due to a specific germ, and that, in many instances, it is transmitted from one person to another either through our drinking water, our milk, or other foods—ofttimes through the medium of the house-fly—prompted us to obtain at once control of our water supply, complete control of our milk supply, and to enlighten the public in regard to the dangers of the house-fly, in consequence of which we have been able to reduce the mortality due to typhoid fever from 46.5 per 100,000 of population for the first ten months of 1910, to 1.4 for the first ten months of 1915. Again, the practical application of the scientific knowledge we possess as regards the course of diphtheria and scarlet fever and the manner in which they are transmitted has enabled us to reduce the mortality in the case of diphtheria from 41.8 per 100,000 in 1910, to 10.3 in 1915; and the scarlet fever from 24.7 per 100,000 in 1910, to 2.6 in 1915.

It was the knowledge obtained by scientific investigations in connection with tropical diseases by Sir Ronald Ross and Sir Patrick Manson, of England, and Laverand, of France, and Reed and his colleagues on this continent, that malarial fever and yellow fever were transmitted by two distinct species of mosquitoes, that enabled General Gorgas not only to make possible the construction of the Panama Canal, but also to enable Panama to vie with Palm Beach and other health resorts on this continent.

The mortality in the Panama district previous to this undertaking by General Gorgas was approximately 400 per 100,000. It has now been reduced to one of the lowest on the continent, and is classed among the healthiest resorts on the continent of America.

It was the discovery of the tubercle bacilli as the cause of tuberculosis that has enabled the administrators of public health and the organizations in the campaign against this disease wonderfully to reduce the mortality during the past twenty-five years.

The application of scientific knowledge in the diagnosis of this disease has made it possible to recognize it at a stage in which from fifty to seventy-five per cent. of the cases can be cured.

Again, the pathological knowledge which has made possible the diagnosis of cancer in its earliest stages has enabled the profession, by prompt operative treatment, to rob this disease of much of its terrors.

The same may be said of the other degenerative diseases of middle life. The scientific knowledge which has for the most part revealed the cause of these conditions has made it possible in many cases to prevent, and in all cases to postpone, their development.

It must be apparent to your Lordship that the scientific knowledge necessary for the degree of "M.D.," of "M.B.," as conferred by our universities is the minimum knowledge that would be necessary to play any role in the accomplishing of the foregoing results, or in the field of preventive medicine.

This I would like specially to emphasize, inasmuch as preventive medicine is essentially the medicine of the future.

# Society Proceedings

## SECTION OF MEDICINE, ACADEMY OF MEDICINE, TORONTO

The regular monthly meeting of the Section of Medicine was held on October 12, 1915, with Dr. Thistle in the chair. The programme consisted of the chairman's inaugural address on "Problems in the Treatment of Syphilis," and the exhibition of cases by Drs. F. C. Harrison, Julian Loudon, G. W. Ross and Dennis Jordan. Dr. F. A. Clarkson gave reports of two cases of hydatid of the lung, and several of those present took part in the discussion of the cases and case reports.

In opening his address, Dr. Thistle thanked the Fellows for electing him as chairman for the ensuing year, and asked for support in keeping up the attendance when so many were engaged in military and other patriotic duties. Continuing, Dr. Thistle said that the discovery of the specific spirochete and the fact that by the use of the newer forms of arsenic the parasite might be destroyed without injury to the body constituted one of the greatest triumphs of modern medicine, and had altered our conceptions of the disease, so that now we look upon syphilis as analogous to malaria and similar infective conditions. We now have no conception of syphilis which does not include the presence of the spirochete in the lesions. The object of the treatment at all times must be the destruction and eradication of the parasites. The great difficulty has been the bringing of the remedies in contact with the parasites. In some regions of the body the spirochetes are easily reached, whereas in other parts it would seem difficult or impossible by the present methods to bring the remedy in contact with the organisms. It is specially in diseases of the nervous system, such as general paralysis, that the remedies fail to reach the diseased sites, and this failure is one of the problems awaiting

solution. Experience has shown that in such cases intraspinous injections are useless. In the earlier cases of syphilitic disease of the central nervous system, which depend upon vascular lesions, the results of treatment are sometimes very striking.

The question of dosage must be a matter of experience. In the event of failure to secure a negative Wassermann reaction it is a question how far one may go in repeating the injections. The greatest number of injections of salvarsan given to any one patient by Dr. Thistle was twenty, and then the blood reaction was still positive. In many cases a negative reaction had been brought about by one dose. With diarsenol, the new Canadian product, the reactions and response to treatment had been similar in every way to those of the original salvarsan. Many cases were next quoted to illustrate the effects of treatment.

In closing, Dr. Thistle said that he considered it a great pity that diarsenol was not provided as freely as any other medicine. It was surely a mistake to not use the remedy for a condition which was so far-reaching in its effects. The unfortunate victim frequently had no knowledge of the serious nature of the disease, or of the danger of it to himself and others.

Dr. F. C. Harrison next showed a striking case of keloid of the neck following an operation upon the thyroid gland. The operation wound, with the stitch holes on either side of it, produced a remarkable illusion, giving the appearance of a pink coral necklace. It is intended to show the case again after treatment with radium.

Two cases of sporadic cretinism were shown by Dr. Julian Loudon. The patients were brother and sister, and were born in Woolwich, England. The boy was fourteen years of age, 3 ft. 7½ ins. in height, and was the more marked case of the two. He had the dry skin, characteristic waddling gait, and disproportion between the different parts of the body. The head was 21¾ ins. in circumference. Pubic and axillary hair was absent, as in the sister. The mentality was affected, but not as markedly as might have been expected, as the child had reached the second book. The thyroid gland could not be felt. Supraclavicular pads of fat were absent. The X-ray plates

showed a remarkable condition of retarded development. In the carpus three diminutive bones (os magnum, unciform, and cuneiform) were alone present. The base of the first metacarpal, the heads of the other metacarpals, and the bases of the phalanges were absent. The feet and other parts of the skeleton likewise showed retarded development. The girl was sixteen, and was not such a marked case. The growth was not so stunted and the skin not so rough and dry. The mentality was also less affected. The thyroid was much enlarged on the right side. The ages of the other members of the family, who were all normal, were 18, 12, 10 and 3 years. Three children who were dead had not suffered from thyroid disease. The mother and father were living, and well. Wassermann reactions had as yet not been performed. The other conditions with which the disease might be confused were Mongolian idiocy, achondroplasia, and infantilism.

Dr. H. B. Anderson and Dr. Thistle discussed the foregoing cases. Dr. Anderson said that myxedema was a much commoner condition, and quoted cases in which he had seen remarkable improvement with thyroid extract. He said that in some doubtful cases small doses might be tried out for diagnostic purposes, and that in such cases it was important to watch the weight. Dr. Loudon promised to re-exhibit the cases at a future date to show the effect of thyroid treatment.

A case of infantilism due to syphilis was shown by Dr. Dennis Jordan. The boy was ten years of age, weighed 38 lbs., and was half inch shorter than his brother of five. The only symptom complained of was headache. Since being treated with mercurial inunctions for the last four months, the headaches had disappeared and the general condition was much improved. The height was 3 ft. 6 ins. The mental condition was good and even precocious. There was no syphilitic history in the family, but the mother had a positive Wassermann reaction. The blood of the father had not been tested, as he was away fighting with the colors. The patient had a positive Wassermann reaction in the blood as well as in the spinal fluid. There was also a positive Nogouchi and ammonium sulphate test, as well as an increased cell count in the spinal fludelia. The X-ray plates showed nothing abnormal.

In the discussion Dr. Anderson considered it remarkable that the intellect was so good. Dr. Ross, who had seen the case in consultation, said that he thought that the brightness of the intellect was usually one of the outstanding features of these rather rare cases. He said that stigmata, such as high palate and periostitis, were common in these cases. Dr. Thistle thought it would be well to try diarsenol in the treatment of such cases.

Dr. Ross next showed a case of severe anemia, which had been treated by transfusion of citrated blood from other subjects. The patient, as exhibited, was apparently quite healthy. On May 17, 1915, she had entered the Toronto General Hospital with a profound anemia. The blood at that time showed 824,000 R.B.C. and 15 per cent. hemoglobin (Dare). The patient was absolutely blanched and desperately ill. The red blood cells showed poikilocytes, microcytes, macrocytes, but no nucleated red cells. The blood culture by Rosenow's method was negative. The Wassermann reaction was also negative. The teeth were infected and the gums appeared to be unhealthy. On May 31 a transfusion of 650 c.c. of citrated human blood was given. This was followed by a severe chill, and later by an improvement in the general condition of the patient, but little change in the blood picture. Three weeks later 600 c.c. of blood were injected, and after this the hemoglobin rose to 60 per cent. In another three weeks 500 c.c. of blood were given in the same way, and three days afterwards the hemoglobin was 50 per cent. To-day the R.B.C. and hemoglobin were normal in every respect. Before injecting the blood the blood of the patient was tested against that of the donors for hemoglutinins and for hemolysis. The improvement had seemed out of all proportion to the amount of blood given, and Dr. Ross asked for an explanation from anyone who might offer one. In the case cited no medicine had been used. Dr. Ross considered the case to be one of secondary anemia. The teeth, which had probably been the cause of the anemia, were treated after the second transfusion.

Dr. Goldie quoted a case quite as severe as Dr. Ross's case, in which great improvement had taken place after one injection of citrated blood. The reaction had been very severe, but

the improvement was so marked that a second injection was tried. The patient, again, had a very severe reaction and afterwards became comatose and died. Dr. H. B. Anderson said that he had seen such cases as those quoted, and considered them to represent a very important type. He had also seen them improve suddenly without transfusion. One case he had recently seen felt markedly better after the first injection and before any change could be demonstrated in the blood. After the second injection the improvement in the blood picture was most striking. It was most difficult to determine how much improvement should be attributed to the transfusion. Dr. Ross, in replying to the discussion, said that a reasonable explanation was that the healthy blood introduced killed off the organisms in the blood of the patient, and thus restored the blood to normal.

Dr. F. A. Clarkson next read the case histories of two cases of hydatid cyst of the lung—a very rare disease in this country. The first case was that of a Macedonian of eighteen years of age. There had been pain, cough and dyspnea for two weeks. A chill then came on and the patient was admitted to the General Hospital. The temperature at that time was 101, the pulse 100, and the respiration rate 46. 510 c.c. of clear fluid was aspirated, and in this the heads and hooklets of the echinococcus were found. The cysts were then removed. The sinus discharged for some months, but when the patient left the hospital he was in good health. The next case was an Italian who is now fighting for his native country. There had been pain in the left side, a chill and bloody sputum. There was a rounded area of dulness with displacement of the heart. 25 c.c. of clear fluid was aspirated, but no operation was performed at this time. The patient recovered, but later developed the same symptoms. Foul-smelling pus was aspirated, and a portion of the seventh rib excised. A cyst, which proved to be an echinococcus cyst, was found. The recovery was very slow.

Dr. Goldie remarked that these cases were often overlooked unless rupture took place. After rupture there was evidence of fluid in the pleural cavity or in the bronchi. The meeting then came to a close.

## MILITARY NOTES

Lt.-Cols. (Drs.) H. B. Anderson and H. A. Bruce have been appointed a committee in charge of the organization of the Military Hospital, College Street, Toronto.

Lieut.-Col. Dr. Geo. Nasmith, Chief of the Laboratories, Toronto Health Department, who went over with one of the first Canadian contingents, and has done splendid work as an expert sanatarian, is in Toronto on furlough.

Col. Shillington, formerly commanding No. 2 Canadian Stationary Hospital at Le Touquet, has been appointed Assistant Director of Medical Service at the Canadian camp. Major H. Elliott, of Cobourg, is transferred from No. 2 Stationary to No. 2 Canadian General Hospital.

Lt.-Col. George Acheson, Capt. A. H. Rolph and Capt. D. A. McLenaghan have been appointed as a Medical Board to deal with the whole question of sick soldiers who return from the front, or who may become sick during their course of training. It is intended that the Board will sit daily at 2.30 at the Exhibition Camp. This is certainly a step in advance, and we feel quite sure that the gentlemen named will do splendid work in dealing with what is an exceedingly important matter. The formal order which appointed Col. Acheson Medical Advisor for the School of Instruction is rescinded and Capt Burson, of the Tenth Grenadiers will retain that post at the school.

The many friends of Lieut. (Dr.) C. S. Wright, son of Mr. Alfred Wright, 60 Crescent Road, Toronto, were extremely gratified to learn a few weeks ago that he was awarded last month the Cross of the Legion of Honor. Lieut. (Dr.) Wright has been in France since the outbreak of the war with the Scottish Wireless Corps of the Royal Engineers. Dr. Wright is a graduate of Upper Canada College and the University of Toronto. After graduation he was a lecturer at Cambridge University, and later went with the famous Scott Antarctic Expedition.

# Obituary

Dr. W. Theophilus Stuart, of 164 Howard Park Avenue, died after a short illness on November 13th. The late Dr. Stuart had practised for many years on Spadina Avenue, and was some years ago a teacher of repute in Trinity Medical School and the Ontario College of Dental Surgeons. More recently he had lived a great part of each year at Oakville, Ont., where he died.

## DEATH OF DR. J. L. BRAY

The profession will regret to learn that one of the oldest friends of the profession in Ontario, Dr. J. L. Bray, of Chatham, died at St. Joseph's Hospital, London, on Wednesday, November 24th. Dr. Bray had been a resident of Toronto for about eight years during the time he occupied the position of Registrar of the Ontario College of Physicians and Surgeons. His health, however, had not been at all good for the past couple of years, and he had to give up his registrarship with the college some little time ago, being succeeded by Dr. Wilberforce Aikins.

Dr. Bray practised in Chatham for forty-five years, and was a member of the Ontario Medical Council for thirty-five years. He was born in Kingston, and is survived by his wife and three sons.

## The Physician's Library

*The Medical Record Visiting List or Physicians' Diary for* 1916. Newly revised. New York: William Wood and Company, Medical Publishers.

This is one of those neat, comprehensive additions to a medical man's equipment that count for so much in the details of his work. Its use will save him much unnecessary worry. This edition contains an increased amount of emergency information and a revised list of remedies and their maximum doses.

---

*Diagnosis of Gastro-Intestinal Diseases.*

A booklet under this caption was recently published and mailed to the medical profession throughout Canada by Messrs. Reed and Carnrick, of Jersey City, N.J. This is certainly a most concise and exceedingly practical booklet, and will be appreciated by its recipients. The publishers request us to state that any physician, who does not happen to receive a copy, can immediately obtain one by mailing a request with this card to the firm.

---

*The Physician's Visiting List*, for 1916, Lindsay & Blakiston's, 65th year of its publication. Philadelphia: P. Blakiston's Sons & Co., 1912 Walnut St.

This year's visiting list looks handsome, and is exceptionally well got up—compact, very neatly printed, in clear type, and on excellent paper. A new departure is a complete Physician's Dose Table, which contains the latest preparations and their doses, given in both the apothecaries and metric systems. "The immediate treatment of poisons" is concise and very well arranged. Altogether this makes an admirable pocket visiting list.

*Physiological Chemistry. Text-Book and Manual for Students.* By Albert P. Mathews, Ph.D., Professor of Physiological Chemistry, University of Chicago. One volume, 1,042 pages. $4.25 net. Published by William Wood & Company, New York.

This very excellent work on physiological chemistry is intended primarily as a text-book and manual for students. The preface contains several very sound opinions. From these one or two extracts are worth quoting. The first is as follows:

> "I hope that this book may raise more questions than it answers."

A little further:

> "To arouse interest in the subject, to stimulate curiosity and *inquiry* are the main objects of every teacher."

One other:

> "While I have expressed opinions here and there, I have as far as space permits given definite experiments rather than conclusions only, so that the reader may judge the evidence for himself."

The book itself is divided into three parts: the first dealing with the chemistry of protoplasm and of the cell. The second part is given over to a consideration of the mammalian body considered as a machine; its growth, maintenance, energy transformations and waste substances. The third part comprises practical work and methods. Following every other chapter or so is a bibliography of recent work on the subjects dealt with in the preceding chapter or chapters. It is a pleasure to be able to vouch for the fact that the references are to recent articles, embodying also references to earlier work of any value.

If any criticism were ventured, it would be that this work, while intended for students, is certainly more than the ordinary undergraduate in medicine can hope to accomplish in the way of reading or laboratory work. As a work of reference for ordinary pass students doing additional work in bio-chemistry,

either preparatory to the regular medical course or during this course, it can be very highly recommended. It should also prove a useful guide and work of reference for practitioners.

---

*How to Live.* By Irving Fisher, Ph.D., Chairman, Hygiene Reference Board of the Life Extension Institute, Inc., Professor of Political Economy, Yale University. 345 pages, illustrated. Price, $1.00 net; by mail, $1.12. Funk and Wagnalls Company, Publishers, New York.

Professor Irving Fisher and Dr. Eugene Lyman Fisk have just published under the above title a hand-book on rules for healthful living based on modern science. This is one of the first publications authorized by The Hygiene Reference Board of the Life Extension Institute, and the authors are both members of the Board of Directors.

The Hon. W. H. Taft, President of the Board of Directors, contributes an appreciative foreword, and in the preface the authors state that their aims are to give the latest and best conclusions as to personal hygiene and to point out the necessity for periodic examinations of the health and general conditions of the individual, and give him or her such guidance as may be required to enable the individual to keep in the best condition for work, duty and pleasure.

There are only five chapters in the book on air, food, poisons, activity and general subjects, and the book may be recommended to those who want a clear, sensible and accurate presentation of these subjects. There are few people who will not get at least a few valuable ideas from it.

39.


# The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXXIX. TORONTO, FEBRUARY, 1916 No. 2


## Editorials

### BIRTH CONTROL

A CERTAIN American magazine recently gave space in three issues to this subject, by publishing the articles of Dr. Havelock Ellis.

This is *Physical Culture*, published in New York City. Tremendous efforts are being put forth by certain organizations and individuals, at this time, to educate and improve the race. But whether the race wants to be improved and educated, or will let its wife have any choice in the matter, is another matter. We may write books till the crack of doom, about eugenics and other problems, but it is a very slow business to get it to the people who need it. They don't think they need it, and they do not intend to give up the gratification of their primal instincts.

The data given by Dr. Ellis regarding the birth-rate of the herring, the elephant, etc., in a comparative table, are all correct, but he ventures on very unsafe ground when he discusses what he calls "contraceptive methods," that is, means or devices

to prevent conception after procreation. We might suggest a safer, saner method than those referred to in these articles—that is abstinence. The arguments advanced against families being too large always hold, but where abstinence, or at least frugality of habit, produces high thinking and great output of energy and usefulness, let us recommend the latter.

It is very dangerous for a magazine supposed to be read largely by young men, single for the most part, to propagate doctrines that would not encourage abstemious living for the sake of vigor and strength of mind. Wives do not lose strength, physically or mentally, through the abstinence of their husbands. To promote the use of contraceptive devices in order to control the birth rate would mean the ruin of the physique of many more women.

Dr. Ellis quotes Germany as having to resort to war to balance her enormous birth-rate. On the contrary, many men of that nation coolly decided to produce as many offspring as possible, to be " soldiers for the Emperor " or to darn their socks and mother *their* children of the ensuing generation.

There is a careful distinction made between abortion and contraceptive devices, the latter being employed in the initial stage. Both are injurious and dangerous and must be discountenanced in every way. To make a comparison with animals again, if human beings took the same care and thought for their offspring that the most uncouth farmer does for raising his cattle and horses, the race would reach perfection in a very short time.

## THE NEW BRITISH PHARMACOPEIA

THE 1914 revision of the British Pharmacopœia is now in force and becomes the official standard of Canada. Many changes are apparent since the publication of the 1898 issue. Over 125 articles have been dropped. Among those dropped are Calabar Beans, Coca, Jaborandi Saffron, Elder Flowers, Ceru Oxalas, Elaterium, Ferri Phosph (replaced by Ferri Phosph Saccharatus), Sarsae Radix, Sodu Sulphocarbolas.

A goodly number of articles and preparations which have recently come into general use have been added. Heroin appears as Diamorphinae Hydrochloride, Hexamethylene Tetramin (Urotropin) as Hexamina.

The strength of a number of important preparations, which are frequently prescribed, has been altered. We would suggest that for some time the physician indicate in his prescription by "1914" in brackets that he is aware of the change in potency.

---

## THE SAFEGUARDING OF TORONTO'S MILK SUPPLY

THE thorough-going policy of Dr. Charles J. Hastings, Toronto's Chief Health Officer, is amply illustrated in one department of the many to which he gives his vigorous thought and action, namely, the handling of the milk problem. The most modern methods of stamping out disease have been adopted. Many of the most virulent diseases—tuberculosis,

septic sore throat, scarlet fever, and typhoid fever—have been easily proved to be carried by improperly handled milk. There are many steps to be thought out between the process of milking a cow and that of making feedings for a sick child. Two little children have crept into the Boards of Health everywhere. One is well. Keep him so. One is sick. Find out why he is sick, and ten chances to one that it was not some neglect in handling his food in a cleanly manner. Doctor Hastings is doing this. He has followed the example of other cities who reduced their epidemics and their infant mortality by raising the standard of all milk conditions, especially by pasteurization.

Doctor Hastings shows in his concise, clear report the fallacy of the arguments against pasteurization, giving statistics to show that infant mortality has been reduced, and that the milk itself is not rendered harmful by the process. The old argument about scurvy and rickets does not hold, since both are very rare in white children.

The tests applied to the herds are very strictly and regularly performed by men with a painstaking sense of their obligations to the public.

It is determined that the value of a baby to the community is, according to one professor or another, anywhere from $65 to $275 at birth. Be that as it may, all agree that he is an asset, more rapidly increasing in value than any other investment a man can find. Milk being the most nearly perfect food,

it must be given to him clean and fresh. To do this, the Ontario Milk Act has placed such powers in the hands of the health officials that they may control all the herds from which any dairy in their jurisdiction draws its supply. Farmers raising herds with bovine tuberculosis which must be shot are not the only objectors to this prophylactic system. Many people say, hurriedly, "I don't want the milk pasteurized," if in their homes there are no small children that would fall a prey to the usual epidemics. But they have only to read a pamphlet like Doctor Hastings' report to feel convinced that they themselves are not only safer, but that it is their duty to help the cause of the little children of the poor.

---

## FURTHER HONORS CONFERRED ON CANADIAN MEDICAL MEN

It was with peculiar satisfaction that we recently learned that three other members of our profession in Canada have been made the recipients of Honors at the hands of His Majesty. We refer to Dr. Murray Maclaren, of St. John, N.B., Commanding Officer of a Canadian General Hospital, and ex-President of the Canadian Medical Association, who went to the front early in the war; Lieut.-Col. George Gallie Nasmith, Canadian Army Medical Corps; and Dr. Arthur Edward Ross, M.P.P., Kingston, Ont., Lieut.-Col., commanding First Field Ambulance. The King has conferred upon them the decoration of "Companion of the Order of St. Michael and St. George,"

and we extend our heartiest congratulations. It is simply another instance of "Honor to whom honor is due."

---

## MEDICAL INSPECTION OF SCHOOLS SHOULD BE UNDER THE DEPARTMENT OF HEALTH

DR. GOLDWATER, formerly Commissioner of Health for New York City and now Superintendent of Mt. Sinai Hospital, a year ago said:

"In New York City, Chicago, Philadelphia, Boston, Baltimore, Cincinnati, Pittsburgh, Buffalo and Detroit, medical inspection of schools is under the control of Departments of Public Health. In only two cities of the first class, that is, Cleveland and St. Louis, have the health authorities neglected to appreciate fully the enormous field for public health betterment that lies in reaching the children."

"Where Boards of Health are well organized and efficient, the great majority have the system of school inspection under their control. In small cities the lack of comprehensive public health programme, or meagre equipment of health problems, has resulted in school authorities taking the initiative."

"In many communities in the United States, School Boards are more permanently organized and more efficient in their methods than are Boards of Health. It is in such communities that the latter have neglected what is undoubtedly one of the most important factors in preventive public health work."

Sir George Newman, Chief Medical Officer of Schools for London, England, when in Toronto four years ago, stated that Medical Inspection of Schools was essentially a part of the duty of Boards of Health and it can be more efficiently and more economically administered by them.

With these views we heartily agree. Some years ago this journal took occasion to sharply criticise, and in our criticism we received unanimous support, some features of the system of medical inspection then in vogue, the result being that there was considerable improvement, as far, at least, as the medical profession in Toronto was concerned, whose treatment, up to that time, at the hands of the Chief Inspector was open to the severest censure. We always entertained the view that the Medical Inspection Department should be placed under the Health Board, and feel that way even more strongly now. The expense incurred under the present system is nothing short of disgraceful, not to speak of the unnecessary and uncalled for duplication of work. Medical inspection *properly conducted* has the support of the medical profession as a body, but when carried to extremes, as it now is, is nothing but a joke. The tax rate in Toronto is in all conscience high enough without being added to by a bunch of incompetents spending money belonging to the citizens in so reckless a manner as would ere long force the hand of the taxpayers. We are glad the 1916 Board of Control have taken action to check this extravagance by recommending that the City Health Officer have charge of Toronto's system of school inspection, thus saving a sum approaching $40,000 per annum. We look forward to the Ontario Legislature at the present session passing the necessary amendment to this end.

# Canadian Journal of Medicine and Surgery

## Editors


**Surgery:**
N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

**Clinical Surgery:**
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

**Orthopedic Surgery:**
B. E. McKenzie, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. Galloway, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association. W. E. Gallie, M.D., Associate Surgeon, Hospital for Sick Children, Toronto.

**Militia and Naval Medical Services and Ambulance:**
J. T. Fotheringham, M.D., Lieutenant-Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator Chas J. Copp, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

**Medical Jurisprudence and Toxicology:**
Arthur Jukes Johnson, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

**Hospital Administration:**
Miss Amy A. Armour, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. Haywood, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

**Pediatrics:**
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. Gordon, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; Helen MacMurchy, M.D., Toronto.

**Medicine:**
W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; J. H. Elliott, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. Pepler, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. Harrington, M. D., M.R.C.S., Eng., Toronto.

**Clinical Medicine:**
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

**Mental and Nervous Diseases:**
N. H. Beemer, M.D, Mimico Insane Asylum; Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Gynecology and Obstetrics:**
B. P. Watson, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. Moore, M.D., Toronto; and A. C. Hendrick, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

**Pathology:**
J. J. Mackenzie, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

**Ophthalmology:**
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear:**
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

**Dermatology:**
D. King Smith M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

**Managing Editor:**
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.



Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

*Reprints supplied at Net Cost*

# Original Contributions

## A NEW PHASE OF ORGANO-THERAPY

By Robert Bell, M.D., F.R.F.P.S.,
Physician in Charge of Cancer Research, Battersea Hospital.

Organo-Therapy having obtained a certain reputation as a factor in the treatment of disease, one is led to conclude that the benefit derived from the various gland extracts must be due to their being able to convey to the blood a product similar to that which the glands of the patient under treatment are incapable of supplying in quantity sufficient to carry on efficiently the physiological processes involved, and, which otherwise, would have been entirely dependent upon these organs had they not become incapacitated by one cause or another, and thus been unable to exercise their normal functional efficiency.

As it is the Endocrinic glands, to which may be added the Gonods, that are chiefly relied upon as therapeutic agents, and as their potency is entirely dependent upon the vigorous activity of the sympathetic nerves, it would appear to me that we are beating about the bush in making endeavor to restore the waning activity of these defaulting glands by supplying the blood with extracts of the corresponding glands of healthy animals, in place of endeavoring to restore the functional activity of the glands concerned in the disease process.

I hold, therefore, and this I have proved by results, that in the majority of instances, the present method of dealing with Organo-therapeusis may be superseded by adopting measures which will tend to restore to fuller activity the partly disabled organ or organs, to which disablement so many diseases are due, and also, I may add, premature senility.

My plan is to fortify the defective organs by supplying in increased abundance their natural stimulus, this being obtained from the potent principle of the solar plexus and splanchnic

ganglia of healthy animals, which Messrs. Oppenheimer & Co. have been good enough to collect and make into palatinoids for my clinical experiments. It will, however, be obvious to my readers that the experimental stage has now passed, a statement which I trust the following report of cases will amply justify.

A gentleman over seventy years of age, engaged in professional work entailing his personal supervision and close attention to business, described his condition as follows: For some time past he had gradually been feeling his duties had been becoming more and more a burden to him, and he felt that both physically and mentally he was growing gradually more and more unfit for their satisfactory performance. Moreover he complained of having recently experienced frequent attacks of vertigo, tinnitus, general fatigue after an amount of exertion which formerly gave him no concern, also palpitation and acid dyspepsia, all of which were comparatively new to him.

The only objective symptom I was able to put my finger upon was that the heart's action was erratic, this being in distinct evidence in the pulse, which was markedly intermittent, sometimes missing one beat in every two or three, though as a general rule this might not occur more often than once in seven or eight beats, and sometimes not oftener than once in fifteen. This I felt inclined to think was of purely functional origin as I could detect no organic mischief in the heart. I therefore put him upon a diet, which excluded all red meat, and limited his use of alcoholic stimulants. I also gave a prescription for what I have named "Gangloid" Palatinoids, each of which contained five grains of ganglion extract, the dose being one forenoon and evening. The result was that after six weeks' treatment, his general condition was so much improved that his heart's action had become steady, his digestion quite restored, the vertigo and tinnitus concurrently disappearing, while the total result was so satisfactory that he expressed himself as feeling that twenty-five years had been lifted from his age, and he felt as capable for work as he did at the age of forty-five.

The following case is almost as interesting, which is that of a lady, fifty-three years of age. She had been suffering for some years past from overpowering headaches, and, more recently, from vertigo and persistent tinnitus of a most pro-

nounced type. Her blood pressure was 180, and she had lost flesh considerably. Her expression was: "I just feel like a wet rag and fit for nothing." Her diet was attended to and gangloid palatinoids prescribed as in the previous case. There was considerable relief experienced at the end of three weeks, and I did not see her again for some little time afterwards, when she returned in the same condition as she was in the first instance. On inquiry, however, I found the palatinoids had been discontinued when she had felt better. The high blood pressure, however, had disappeared, though the headaches seemed to be more overpowering than previously described.

On going more minutely into her symptoms I found what I believed to be hypo-thyroidism in distinct evidence. I therefore gave her a palatinoid containing two grains of Thyroid extract and three grains of Gangloid extract—which I have named "Thyrogangloid"—three times daily, which succeeded in giving relief to the distressing symptoms. I have, however, insisted, in both of the above cases, that the patient take one palatinoid every day, or every alternate day for some time to come.

The following case relates to an unmarried lady who had been the subject of neurasthenia during the past nine years, to which Graves disease in a modified degree was superadded. She told me she had consulted several specialists without any apparent benefit. As is my custom I gave her a prescribed diet and one Gangloid palatinoid forenoon and evening. Although I have not seen her again, her mother has told me she has derived great benefit from the treatment, though she has not thought fit to report to me directly. I have also found Gangloid medication in cases of goitre of more value by far than any other method I have hitherto employed, also as an adjunct to the treatment of cancer, especially that of the uterus, and when combined with dietetic and other hygienic measures, the result has been to a marked extent highly gratifying. As a matter of course it is a *sine qua non* that every means should simultaneously be employed to obviate Autotoxaemia, and, also to see that the blood is freely supplied with those organic salts, the presence of which is highly essential if the integrity of the blood stream is to be satisfactorily maintained.

15 Half Moon Street, W.

# Militia and Naval Medical Services and Ambulance

## TORONTO UNIVERSITY BASE HOSPITAL

We had the pleasure of receiving the following interesting letter from a member of No. 4 General Hospital, now "somewhere in Greece."

Greece, December 12th, 1915.

My Dear Dr. Young:

I am afraid that I have fallen down very badly in the matter of writing to you. This was partly intentional, because I postponed writing until such time as I had news which I thought would be of real interest to you.

If I remember correctly my last letter was written to you in June last, and since that time we have certainly had many and varied experiences.

After our arrival in England we were kept at Shorncliffe without any definite work for some two months, during which time most of our officers were detailed for duty in various hospitals throughout England. Several of them were detailed to the London Hospital, several to the Royal Albert Hospital, Woolwich, and others to the Royal Victoria Hospital, Netley, and so forth.

About the 22nd July we, No. 4 Canadian General Hospital, formally took over the Shorncliffe Military Hospital. This hospital had previously been run by the R.A.M.C. It is beautifully situated overlooking the Channel, and just about a quarter of a mile from Moore Barracks Hospital, where Lieut.-Colonel Wallace Scott is in command, and had, at the time that we took it over, accommodation for about 250 beds. Most of our officers were recalled for duty here, and we carried on our work at Shorncliffe for about three months, during which time

I think the Hospital did some very good work. The cases treated were for the most part surgical, and we would run possibly an average of 200 operative cases a month. Of these a fair percentage were men who had been at the front and who had been gradually evacuated to our hospital. In addition to the regular hospital routine work, our unit furnished the personnel for three medical boards, two of which met at the Moore Barracks Hospital every day, and the other met at our own hospital for the purpose of boarding cases which were in our hospital. The duty of these boards is a most important one, in so far as they have brought before them all men on whom expert opinion is desired, and it is on their recommendation that men are either discharged from the service as being permanently unfit, given leave of absence in cases where they are temporarily unfit, or given duty in England in cases that are unfit for duty at the front, and so on. Often, one of these boards would handle about thirty cases in a day, which meant considerable work, in view of the fact that there are so many papers which have to be made out for every case and forwarded to the D.M.S. for his approval. Everything went very smoothly at Shorncliffe, and the work there was of the greatest value to us in so far as it prepared us for the bigger task which we have since had to undertake.

During our stay there our hospital was inspected by Sir R. L. Borden, Prime Minister of Canada, Sir Sam Hughes, Sir Max Aitken, General Steele, the Princess of Teck, Mr. Robert Bennett, M.P. for Calgary, and other celebrities, and all seemed pleased with the attention that our patients received, and with the hospital in general. A particularly attractive part of the hospital was the Helena Wing for Officers, where we had accommodation for twelve, and I might say that it was almost always filled to capacity.

The review of the troops of the Shorncliffe garrison by King George and Earl Kitchener last fall was a magnificent sight, and a finer looking lot of men I don't think you could ever see. They surely did reflect great credit upon our country. In all there were about 40,000 Canadians on parade; the troops of the 2nd Division marched past, while the troops of the Can-

adian Division lined the roads leading from Beachborough to Shorncliffe Station, and were reviewed by the King on his way to the station. After the march past an organized three cheers were given by all the troops, led by General Turner, the G.O.C. of the 2nd Division.

While in England we rarely lacked company; almost every day someone from Toronto would drop in on us, and all this naturally helped to break the monotony and make things more interesting for us. Amongst some of the Toronto men that we had in to see us were Professor J. C. McLennan, Professor Ramsey Wright, Colonel Fotheringham, Lieut.-Colonel Bruce, Lieut.-Colonel Pyne, Major Goldsmith, Major Dave Clarke, Major McCoy, Captain Philp, Captain Jeffs, Captain Haywood, D.S.O., Captain Robertson, Captain C. D. H. McAlpine, Captain Kendall Bates, Captain Argue, Captain McKillip, Captain Frank Park, Captain Eddie Jeffery, Lieut. Primrose (son of Lieut.-Col. Primrose), Lieut. Woody McKeown (son of Lieut.-Col McKeown), and Lieut. Ridout—in fact, I think all the M.O.s from Toronto who had been to France and had come back on furlough looked us up, and we were always glad to see them and get some first-hand information of what was going on in France. The number of Toronto doctors that we saw in England and elsewhere stands out, I think, as a glowing tribute to the medical profession.

In October we received a warning to be ready to proceed overseas, and all the officers, nurses and men of our unit were recalled. Having turned over the Shorncliffe Military Hospital to No. 5 Canadian General Hospital—a unit which was formed in Vancouver, and in which there are at least two young Toronto graduates, Captain Algie Wilson and Captain Bill Clarke—we left England in October, and were given quite a rousing send-off by a number of officers and others who were down to see us off.

We had a beautiful passage, and were particularly fortunate as regards weather and as regards having a most comfortable transport. I may say, too, that we were afforded the privilege of having a few days in Egypt, which we had never hoped for, and that made the trip so much more enjoyable. There

were several of our original officers who did not accompany us to this point for special reasons. Lieut.-Col McKeown was appointed president of the Pensions Board at Shorncliffe; Major J. Amyot had been for some time acting as sanitary officer to the 1st Canadian Division in France, and he was left in that capacity because the authorities considered that he could do a much greater service in this way; Captain Brodie returned to Canada for the purpose of resuming his University work; Captain Caulfeild remained in London to carry on some special research work, and Captain George Campbell remained in England because at the time we left he was not in the best of health. Apart from these, our unit left England practically the same as when it left Canada. I may say that in addition to these officers, we brought with us here two chaplains (one Anglican and one Presbyterian) and a paymaster. Two of the non-commissioned officers of our unit, Captain Van Wyck and Captain Crompton were given commissions immediately prior to our leaving England for overseas, and were added to our strength.

We arrived here in Greece about the middle of November, and had the distinction of being the first Canadian unit to have been sent to the Balkans. It was not long before we got down to hard work, because within 36 hours we had our 800 or more tons of equipment unloaded on our camp site. The site chosen for our camp seems to be a particularly good one in most respects, but naturally, has certain disadvantages. It is situated some four miles outside the city proper, and the ground is high, dry, and fairly level. On a clear morning we can get a beautiful view of Mount Olympus, and the mountains on all sides present a very spectacular appearance. The sunsets, too, are particularly beautiful. In fact, I don't think I have ever seen anything to compare with them. There is a good deal of vegetation in this country, and the soil for the most part seems fertile. As regards weather, we have seen practically all kinds and conditions. When we first arrived we had it quite warm for a few days, but some two weeks or ten days ago we had a very cold spell as a result of which we found our wash water frozen every morning, and one morning found about two inches of snow on the ground. The cold here seems due in a large

measure to the very high winds which sweep down from the snow-peaked mountains around.

The method of transportation here is almost entirely by means of oxen and mules, and the latter are to be seen in hundreds laden down by such huge loads as to almost obscure them from view. There are practically no motor cars to be seen in this country, except those that have been brought here by French and English troops. The main roads for the most part are fairly good, but, as would be expected, they are beginning to give way a little under the terrible pressure to which they have been subjected owing to the peculiar conditions of the present. The city and the surrounding country is filled with all kinds of troops, particularly British, French and Greek. The latter are to be seen any day passing up and down the roads on their mules, carrying tremendous packs. In addition to these we see a good many Serbians.

Our hospital is entirely under canvas, as well as the personnel of our unit. Our operating tent is as thoroughly equipped as a modern theatre, and we have no hesitation at all in using it for even the most severe cases; the pathological laboratory, too, is complete in every respect.

Within 48 hours of the time that we disembarked we had received our first patient, an officer who had met with an accident. On the following day 50 patients were sent to us, and so they have been coming in ever since, until now, about a month since our arrival here, we have in hospital about 1,200 patients. For the past week or ten days we have hardly had less than this number, so you see we are considerably over our capacity, which is 1,040. The greatest number of admissions in one day was 550, and on that day we evacuated to hospital ship 178 cases, meaning that in 24 hours this hospital handled 728 men. The patients for the most part have come down from the front. On account of the severe spell of very cold weather, which I have already mentioned, we received quite a large number of frost bites, but these, with the exception of a few, were not particularly serious ones. The surgical cases comprise every known condition almost. As regards medical cases, dysentery, malaria and rheumatism seem to predominate. One thing that appeals to us more than possibly anything else is the patience and be-

haviour of the men who come under our care. These chaps are certainly a wonderful lot, and we all have to take our hats off to the British Tommy. (I might say that practically all our patients, so far, are Irish.) You don't see that freshness or incivility that you might expect amongst so many men. This is particularly noticeable when the demeanor of these men who have been to the front is compared with the "grousing" of so many of those we had in hospital at Shorncliffe. I know that in these remarks I am expressing the sentiments of practically all the medical officers of this unit.

Fortunately, none of the personnel of this hospital has had any serious illness except Lieut.-Colonel Gordon, whom we were mighty sorry to lose for the six months that he has been away on leave of absence, but he is expected to rejoin us in the very near future; otherwise the officers, nursing sisters and men have enjoyed pretty good health.

We all consider our position in Greece a peculiar one, in that we are stationed in a country whose troops are all mobilized and under arms, and we are not absolutely sure whether they are for or against us. However, we are hoping daily to hear that they have cast in their lot with us and so help to terminate this awful struggle.

One thing that would strike you over here would be the meeting of people you know in unexpected places. To give you an example of this a somewhat uncanny incident happened the other day when one of our chauffeurs, while driving one of the ambulances down the main road, stopped to give an officer a lift, and who should this officer turn out to be but his own brother, who, by the way, graduated in medicine from Toronto University last year, and is attached to the R.A.M.C. Even on our trip East we have met a lot of men whom we know, most of whom are recent graduates of Toronto. The names of some of these men are: Lieut.-Colonel Elder, Lieut.-Colonel Anglin of Queen's Hospital, Lieutenant Staunton Wishart, Lieutenant Rolley Young, Lieutenant Ted Knox, Lieutenant Armour, Lieutenant F. Karkham and Lieutenant Carl Martin. Another surprise was afforded me while walking in one of the chief cities in Egypt, when I met a graduate nurse from one of the Toronto hospitals whom I had no idea was in this part of the world.

Since our arrival in Greece at least two Toronto men have visited our camp—Lieutenant Harry Crassweller, who graduated about 1907, and who is at present with the R.A.M.C., and Capt. Ashton Fletcher, of Toronto. He is a combatant officer in one of the battalions here.

About our second day here we adopted to this unit a Canadian lad who will soon be 15 years old. This rascal lives in Calgary, and in August of last year he stowed away with some troops from the West, was in England a few months, then in France, and finally found his way out to this part of the globe. He is a great kid and affords us a good deal of amusement in one way and another, and I think that we Canadians ought to admire him for this, at least that he was keen to get to the front.

I am afraid that this is an awful excuse for a letter, but I know that you will understand my difficulties in trying to cover the events which have taken place over such a long period in such a short space. On account of this miserable attempt, I would very much prefer that you would not publish this letter verbatim, but would just pick out what extracts you want and use them as you see fit. At this juncture I would just like to ask you one favor, and that is that you will not use my name at all as being the author of this conglomeration. I heard from several sources that my last letter to you had unfortunately found its way into one of the Toronto newspapers. I don't know just how that sort of thing appears to you, but I would very much prefer that my name would not appear in any such connection.

In closing I beg to send my very best wishes to you and yours for a very happy New Year.

Very sincerely yours.

---

P.S.—We were all delighted to have Lieut. Staunton Wishart and Lieut. Livingstone drop in on us unexpectedly to-night, and they stayed to mess. They had just come down from the front to-day and had seen some of the fighting, but fortunately had escaped unhurt. Lieut. Morris Helliwell also called on us to-day, having just arrived in Saloniki. They are all fine and seem to be thriving on this life.

## VARSITY BASE HOSPITAL

Writing recently from near Saloniki to Dr. C. K. Clarke, Dean of the Faculty of Medicine, University of Toronto, Surgeon-General Roberts, commanding officer of the Varsity Base Hospital, says:

"There is one bright aspect to the present conditions, and that is this: the authorities have decided to make this a hut hospital. The Engineering Department has surveyed the grounds for the huts and are sending a working party out to put in the permanent foundation immediately. The huts themselves are being shipped here in sections, and I understand are due to arrive at any time. The Director of Works promised me, two days ago, that he could have all the buildings erected within one month after the arrival of the parts, but I think that this is a promise which it will be pretty difficult for him to realize, if I can judge from the speed with which a good many of their other enterprises are carried out. However, if they will put up the ones most immediately needed, according to our direction, we can worry along then without holding them to the time-limit of a month. This state of affairs will be a great boon to all of us and will make life worth living, especially for my Nursing Sisters.

"As soon as I knew that I could look after the nurses I asked the general to send them along. Sixteen of them arrived about ten days ago, and the remainder on Tuesday last. They are in excellent health, with the exception of one or two who are bad sailors, and show the effects of a bad passage which they had from Malta. They at once went on duty on the wards, and, believe me, it was a joy to have them. The men are all right in their place, but I am firmly convinced that their place is not on the wards looking after sick men. No one can do that like the nurses. We have them housed in big Indian pattern tents with double walls, each of which accommodates four very nicely, and they all seemed to be very comfortable and contented. Everyone is pitching into the work as though their lives depended upon it, and they are certainly looking after all the men who come in in a way that I am sure would compare

favorably with your standard in the T. G. H. At any rate we are doing everything under the sun that we can for everyone who comes in and trying to send them out better if possible, and, if not happy, contented and satisfied that we have done everything that lies in our power for them.

"Our greatest need at the present time is an adequate water supply. At present everything is delivered in water-carts and has to be hauled from a well about three miles away. This means that the supply is always limited and sometimes we are decidedly short. We are chlorinating and boiling all that we use, and, believe me, I do not know what the real taste of food is now. Everything is permeated with the flavor of chlorine, some days much worse than others, but it is surprising what you can get accustomed to when you have to.

"About the cases, motor-lorry, ambulances, etc., that you are sending out to us, I hope the authorities in England will forward them right along, as they will be particularly useful. We are just beginning to find out what our needs are going to be, and judging by the present weather we are going to need lots of comforts, especially warm clothing, mitts, socks and such things.

"The weather during the past few days has been exceptionally cold. The ground is at present covered with snow and this is accompanied by a high wind, which makes it very difficult to keep the patients, let alone the nursing staff, in anything like approaching a degree of comfortable warmth. We are informed that the present weather is exceptional."

---

## MANY DOCTORS REQUIRED

"Nothing brings more vividly before us the effects of the war than the recent announcement of the Director General of the Royal Army Medical Corps of Great Britain that before the close of the current year at least 2,500 additional doctors will be required, ready to take commissions and to be sent where needed.

"This means that, at the very least, one-third of the members of the profession in Great Britain who are within the military age will be called."—*N. Y. Medical Journal.*

## UPPER LODGE OPENED FOR CANADIAN WOUNDED

Upper Lodge, Bushey Park, Royal Estate Hampton Court, which the King has placed at the disposal of the Canadian Medical Service as a convalescent home, received its first batch of Canadian soldiers on December 31st. Before handing it over to General Carleton Jones, the staff of His Majesty's office of works thoroughly renovated it. The gardens, however, are still somewhat neglected, but this is rather a favorable feature in view of the fact that the new tenants will be good gardeners. Next spring it is intended that these gardens shall recover their former beauty through the labors of the Canadian soldiers, who themselves will be attempting to recover their own health and strength. The house itself accommodates about sixty patients. The Canadian Red Cross have made arrangements for erecting additional premises adjoining, bringing the total accommodation to about 500. The whole staff is drawn from the Canadian Medical Corps and furnishing was carried out by the Red Cross.

Queen Mary made a personal inspection recently. Capt. E. L. Warner, of Winnipeg, lately doing duty at Monkshorton, is the officer commanding. Capt. MacPherson, of Toronto, is second in command.

The following have been appointed to the staff of the Canadian Eye and Ear Hospital at Folkestone. The officer commanding is Lieut.-Col. Courtenay, Ottawa; second in command, Major Goldsmith, Toronto; adjutant, Capt. Bell, Winnipeg; Major Laviolette, Montreal; Capt. Courtenay, Ottawa; Capt. Taylor, Port Arthur; Capt. Harrison, Hamilton; Capt. Hunter, Winnipeg.

Attached for duty are: Col. Casgrain, Windsor; Col. McKee, Montreal; Assistant Matron Grand, Ottawa; Nursing Sisters Gallagher, Wolsley and Lindsay, Ottawa; Glass, London; Steele, Brockville; Bruce, Bowmanville; Whelan, Renfrew; McKee, Montreal; McLeod, Victoria; Donovan, Smith's Falls.

# Society Proceedings

## ACADEMY OF MEDICINE, TORONTO

The regular stated meeting of the Academy for January took place in the Mining Building, College Street, Toronto, on Tuesday evening, January 4th. President W. H. B. Aikins occupied the chair, with Capt. (Dr.) J. H. Elliott at his post as honorary secretary.

The meeting was exceedingly well attended, and again proved the necessity for an enlarged Academy building, something which, we trust, will not be long postponed.

The programme for the evening was made up of the following papers: "Evolution of Medical Law in Ontario," by H. B. Anderson; "The Status of Medicine in Ontario from a Legal Point of View," by Mr. H. S. Osler; "County Organizations," by G. S. Cameron, Peterborough (read by the Honorary Secretary); "Institutions of the Irregulars," by Edmund E. King; "What the Irregulars Are Asking and the Attitude of the Profession," by R. A. Reeve; "Medical Fees," by A. H. Wright; "The Practice of Medicine as a Public Service," by J. Ferguson; "The Troubles of the General Practitioner: Their Causes, Prevention and Cure," by C. R. Dickson. The discussion was opened by H. S. Griffin, President of the College of Physicians and Surgeons of Ontario.

We question whether the Fellows of the Academy have had a more interesting meeting for years past. Each and every paper was of the keenest interest to medical men, especially in these days when so much attention is being called to the subject of the Practice of Medicine, Irregular Practitioners, etc. We congratulate the Programme Committee upon the excellent menu provided.

At the meeting the Honorary Secretary read a post card received from No. 4 General Hospital, now at Saloniki, and, on the motion of Dr. E. E. King, a cablegram of greeting was sent to the members of Toronto University Base Hospital, now in the Far East, all of whom are Fellows of the Academy of Medicine.

Dr. H. A. Bruce entertained at dinner about fifty Fellows of the Academy at the York Club before the meeting.

The Section of State Medicine met on January 6th. Capt. (Dr.) Geo. D. Porter being in the chair. Lieut.-Col. Geo. Nasmith, who recently returned from the front, read an exceedingly interesting talk on "Prevention of Disease in the British Army at the Front," and was followed by Capt. Ruggles George, who interested all present with a series of views taken while in Flanders.

The Section of Medicine was well attended on January 11th, the following being the programme:

1. Report of a Recent Case of Cerebrospinal Meningitis. J. H. W. Barnett (by invitation).
2. Case of Auricular Fibrillation. J. A. Oille.
3. Case of Cerebrospinal Syphilis. Fletcher McPhedran.
4. Case of Pneumothorax. J. H. Elliott.

Dr. W. B. Thistle occupied the chair.

---

## THE MEDICAL BOARD

The personnel of the standing Medical Board was recently amended to read: President, Lt.-Col. George Acheson; Members, Capt. H. R. MacIntyre and Capt. B. L. Guyatt.

## Correspondence

*The Editor cannot hold himself responsible for any views expressed in this Department.*

Toronto, December 13, 1915.

The Canadian Journal of Medicine and Surgery:

To the Editor,—In an editorial discussing medical education in the November issue, 1915, appears the following sentence: "Various bodies of nurses, dentists and others coming into public life at a later date than the last legislation have asked for government recognition but in vain." Dentists have not been recently asking for recognition in vain. They have all the government recognition they want or need. They stand in this respect, in the same position as medicine. The Dental Act of Ontario was passed in 1868, immediately upon the formation of the Province. So it didn't come "into public life at a later date than the last legislation."

In another paragraph in the same editorial appears this sentence: "The man with the toothache makes his own diagnosis and applies to the dentist, who performs the cure by mechanical means, in which, if he needs assistance such as general anesthetic or treatment of sepsis, he calls in a regular practitioner." This sentence contains more real material for a sermon we feel sure than the writer thought. "The man with the toothache makes his own diagnosis." But suppose the man's diagnosis should happen to be wrong. All the dentist's mechanics couldn't help him. He must know more than mechanics to be of any value, or rather not to do a real harm to the man. If the man's supposed toothache should have been caused by one of a dozen things outside of his teeth, what then? In which case it is the dentist's duty to say to the man, "You have nothing wrong with your teeth, nor are they the cause of your supposed toothache; you had better consult your physician."

"Who performs a cure by mechanical means," just as the surgeon does, but when medical treatment is necessary to stop the toothache, it should be applied by him because no other representative of the healing art knows anything about it.

"If he need assistance as general anesthetic or treatment of sepsis he calls in a regular practitioner." This is a remarkable statement when one remembers that the use of general anesthetics was introduced by a dentist, and that notwithstanding the fact that dentists use more general and local anesthetics than physicians, and as a matter of fact, get more training and practice in their use than is given to the medical students. This is as it should be, because almost all operations of the dentist are made under an anesthetic of some kind.

Now for the treatment of sepsis. If it were not for sepsis three-fourths of the occupation of the dentist would be gone. All the toothaches are due to "sepsis" which cannot be controlled mechanically without the loss of the tooth. Practically all peridental diseases are due to "sepsis," and are treated medically as well as surgically.

The dentist who is only a mechanic is of little value to his patient and of little help to the general practitioner in clearing up obscure cases of pain and the results of local foci of infection.

The definition of dentistry as set forth in the Dentistry Act of Ontario is far broader than indicated in the editorial in question and as defined by the late Hon. David Mills, Minister of Justice of Canada, who gave the following definition:

"A doctor of dentistry may practise medicine in so far as his medical treatment is incidental to his profession as a dentist. In this respect he stands in the same relation as a surgeon who is entitled to practise medicine in so far as his medical treatment is called for on account of a surgical case. Thus a dentist may find that the affection of the teeth is due to a constitutional condition of his patient and would thus be entitled to treat his patient medically to relieve pain. If all the teeth appear sound, he must consider whether his duties are not to treat the case constitutionally by the use of medicines rather than surgically by the forceps. He is, as far as the treatment of the teeth is concerned, a mechanic, a surgeon, and a physician, and the responsibility rests on him in every case to decide in what capacity he must act."

Dominion Medical Journal.

# Selected Articles

## A SIMPLE METHOD OF ABORTING MIDDLE-EAR INFLAMMATION AND INFECTION LEADING TO MASTOID ABSCESSES *

FRANK E. MILLER, M.D., NEW YORK.

For the past twelve or more years the writer and his two assistants, although treating a large number of cases daily, have had no cases of middle-ear or mastoid abscess. By that is meant not one case that has come to us before suppuration had been formed has been allowed to result in abscess. In other words, the pus-forming and mixed-infection elements, which, although tending toward and by natural process, unrestrained, would have resulted in abscess, have been aborted.

Believing this record and my method of securing these results would be of interest not only to those engaged exclusively in ear, nose and throat practice, but also to the general practitioner, who of necessity must see and treat such cases from time to time, this brief article is offered in the hope that it may be helpful to others.

The general practitioner knows full well the tendency of middle-ear infection, suppurative and non-suppurative, to eventuate in abscess, and to extend to and involve the mastoid cells. A practicable, safe means of preventing such involvement, with its serious complications, may be described as follows:

℞ Morph. Sulph. ..... gr. 1-4
Atropin Sulph. ..... gr. 1-150
Sol. Adrenalin Chloride ..... gtt.x
Petrolati q. s. ad (Sten'l) ..... ℥i

* Reprinted from New York Medical Times.

The internal ear is first cleansed as thoroughly as possible, preparatory to the application of more affirmative remedial measures. A sterilized eustachian catheter, covered with Meg. M. A. A. Co., morphin and atropin sulph. (gr. 1-4 and 1-150) is inserted in the internal ear, and any pus or other infectious material drawn off by aspiration. This preliminary step, for obvious reasons, is important.

The patient's head is now reclined upon a pillow, so that the external auditory meatus presents what may be likened to the flaring part of a funnel, formed by the auditory canal.

Into the canal is placed a 4 per cent. solution of cocaine, so that if the tympanum is intact there is a small " puddle " of the solution into which from two to four hypodermic tablets (containing morphine, gr. 1-4, atropine, gr. 1-150, each) are dropped, and, as the cocaine anesthesia permits, gently stirred in the solution until fully dissolved. The cocaine is for quick anesthesia; the morphine-atropine combination to prolong the anesthetic state during and after the treatment.

A small can of antiphlogistine, previously heated in a water bath or pan of boiling water, is made ready. When at a comfortable temperature, a piece of sterile absorbent cotton is loosely wound around a wooden tooth-pick or other clean stick (of just sufficient size to go into the ear-canal up to the tympanum, but not large enough to irritate or impinge on the sides of the canal) and the remedy smeared over the cotton. This is then carried into the ear and carefully placed there, and a pledget of clean cotton placed over all to protect the ear-cavity from without. The application is allowed to remain in situ for forty-eight hours before removal. This must be insisted on to secure the results desired.

At the expiration of the forty-eight-hour period the ear is washed out, and the otitis media, mastoiditis, etc., have disappeared. Please understand, the remedy is placed right into the ear-canal, through the external meatus. This, on account of the anesthesia already secured by the cocaine and morphine-atropine applications, is practically painless, and hence practicable. If the tympanum should be so swollen and bulging and immediate destructive process is indicated, so that it cannot be saved, it can

be punctured without any pain under this local anesthesia. There is nothing harmful in this application, and I have never had any untoward results from the use of the above-mentioned preliminary treatment for securing anesthesia. Even as high as four tablets of the morphine-atropine combination have been safely used in the cases of children, even with perforation; but I would distinctly advise against morphia and atropine tablets, or otherwise, in cases of perforation of tympanum, it might be large enough to allow leakage into the mouth, causing nausea and sometimes poison to the patient. This so anesthetizes the ear as to make the application and packing of the remedy tolerable. Without this precaution the patient could not endure the packing of the ear with the remedy mentioned. Usually, after the case is treated in this manner, the patient goes off to sleep for several hours, and when the packing is allowed to remain in place, undisturbed, for the forty-eight hours, the patient remains fairly comfortable. If it is removed (as has been done in some instances, by other medical attendants) the pain is severe and the whole thing must be done over again. From my personal experience, therefore, I am able to state that it is the most certain, painless and practical method of treating and aborting middle-ear and mastoid complications I know of, and its apparent success leads me to send this to you, and trust the adoption of this method will lead others to the same success I am having.

22 West 31st Street.

# Obituary

Dr. Leslie Tuttle, of Tweed, Ontario, died November 13th.

Dr. Alfred Bowlby, of Waterford, Ontario, died November 8th, in the ninety-sixth year of his age.

Dr. Anthony Freeland, of Ottawa, died suddenly November 3rd, in the sixtieth year of his age.

## THE LATE DR. J. W. ROWAN

Following an illness of some weeks' duration, Dr. J. W. Rowan, one of the best known practitioners in the city, died on December 26th. For the past twenty-five years the late Dr. Rowan practised medicine in the east end, and those that knew him best feel that he died a martyr to his love of the poor, for one of his characteristics was to give at least three-fourths of his time to the poor free of charge. The fatal illness that was the cause of the death of Dr. Rowan followed a nervous breakdown. Two brothers, Mr. T. A. Rowan, of this city, and Mr. J. H. Rowan, also of this city, survive him.

## DEATH OF MAJOR (DR.) ARCHIE V. BECHER

It was with sincere regret that the many friends of Dr. Archie Becher, of London, Ont., learned of his death from pneumonia at Quebec on December 26th. It seems but a few weeks since the doctor left London with the 33rd Battalion, of which he was medical officer.

He was born in London, the son of the late Henry Becher, a former leading barrister of that city. Although he was only about thirty-six years of ago, this was the second time he had answered the call to the colors, having been a veteran of the South African war. After the South African campaign he had entered the medical profession, and very early in his career he followed the example of his late father, who at one time was mayor of London, by giving useful service in the city council.

The news of his death falls heavily not only upon his young wife, but also upon his grief-stricken mother, for it was only in June last that her elder son, Lieut.-Col. H. Campbell Becher, was killed in action at Givenchy.

He was married a few years ago to a daughter of the late Dr. John D. Wilson, ex-Mayor of London, and he leaves a baby son. He is also survived by one brother, Mr. Lorne Becher, of Toronto.

---

## THE RIGHT HONORABLE SIR CHARLES TUPPER

The Right Honorable Sir Charles Tupper, Bt., who died October 30th, at the ripe age of ninety-four years, was born at Amherst, Nova Scotia, on July 2nd, 1821. He was the son of a Baptist clergyman, of New England stock, a descendant of Thomas Tupper, who emigrated from England in 1635. His education was received at Acadia University, and in 1839 he entered upon the study of medicine at the University of Edinburgh, where he graduated in 1843. In 1855 Sir Charles entered the Nova Scotia Assembly as member for Cumberland. He took an active part in the preliminaries to Confederation and became Prime Minister of the Province of Nova Scotia. In 1870, he became President of the Privy Council; in 1872, Minister of Inland Revenue; in 1873, Minister of Customs; in 1878, Minister of Public Works; in 1879, Minister of Railways and Canals, and in 1883, High Commissioner in London for the Domininon. In 1887 Sir Charles returned to Canada and for a short period was Minister of Finance; the following year, however, he returned to London. In 1896, he

became Prime Minister of Canada. After the defeat of his party, he was leader of the Opposition until his retirement from public life in 1900. During the course of a distinguished career many honors fell to his share, and Sir Charles Tupper leaves behind him an honorable record and a great name of which Canada will ever be proud. Although it is as a politician that he will be remembered, he practised his profession at intervals at Ottawa, Halifax, and Toronto; he retained a lively interest in the progress of medicine, and assisted in the formation of the Canadian Medical Association.

---

## DEATH OF SENATOR WILLIAM MACKAY, M.D.

Senator William MacKay, M.D., died at Reserve Mines, Nova Scotia, on Monday, November 8th. Dr. MacKay was born at Earltown on September 11th, 1858, of Scotch parentage; he was educated at Truro and entered upon the study of medicine at Bellevue Medical College, New York, where he graduated in 1873. In the same year he went into practice at Glace Bay, and, although much of his time was devoted to political matters, he continued to practise until a few days before his death.

# News of the Month

## PATRIOTIC MEDICAL BUREAU

A "PATRIOTIC medical bureau" has been organized by the physicians of Regina. The bureau will work in co-operation with the Patriotic Fund and will give medical assistance to all dependants of those who have gone to the front. Applications for assistance will be investigated by an attendant who has been appointed for this purpose, to whom all applications must be made. Patients will be sent to the office of one of the physicians attached to the bureau or to the out-patient department of the General Hospital. In cases of emergency or of serious illness, a physician will visit the patient. If a nurse is required, the patient will either be sent to the hospital or a nurse will be supplied by the Patriotic Fund; if assistance is required in the home, a woman will be sent by the same fund, and, if necessary, a housekeeper, who will be under the supervision of the visiting attendant will be sent to look after the family.

## COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA

THE Council of the College of Physicians and Surgeons of Alberta was appointed on July 7th, last, for a period of four years. The members of the Council, who are representative of the seven districts of the province, are, Dr. John Park, of Edmonton; Dr. F. W. Crang, of Edmonton South; Dr. R. D. Duggan, of Killam; the Honorable R. G. Brett, of Banff, Lieutenant-Governor of the Province; Dr. R. D. Sanson, of Calgary; Dr. G. E. Learmonth, of High River; and Dr. W. S. Galbraith, of Lethbridge. The first session of the council was held at Edmonton on Thursday, October 14th, and was devoted

almost entirely to business. The election of officers resulted as follows: president, Dr. F. W. Crang, of Edmonton South; vice-president, Dr. W. S. Galbraith, of Lethbridge; registrar and treasurer, Dr. C. W. Field, of Edmonton. Executive Committee: Dr. Crang, chairman, Dr. Sanson, Dr. Duggan, and Dr. Park. Finance Committee: Dr. W. S. Galbraith, chairman, the Lieutenant-Governor, and Dr. Crang. Discipline Committee: Dr. Park, chairman, Dr. Sanson, Dr. Learmonth, and the Lieutenant-Governor. Legislative Committee: Dr. Crang, chairman, Dr. Learmonth, Dr. Galbraith, and Dr. Duggan.

## THE GAGE INSTITUTE, TORONTO

It is the desire of the National Sanitarium Association to bring to the attention of the medical profession the facilities provided at the Gage Institute, 223 College Street, for the investigation, examination and supervision of cases of tuberculosis (including contact and suspect cases) among the poor families of the city.

The offices of the Institute are open every day, so that cases requiring attention may be reported by physicians and others, or information received in connection with cases already under investigation.

Clinics for the examination of poor patients are held on the following days: Tuesday and Wednesday, 3—5 p.m.; Friday, 3—5 p.m., 6.30—8 p.m.

The X-ray department, equipped with the most modern apparatus, is open every day from 10 a.m. to 4 p.m., and its facilities are at the disposal of physicians for poor patients free of charge. The physician in charge of this department is an experienced radiographer.

There is also a well-equipped laboratory, and examinations are made for physicians in the case of poor patients free of charge. Two nurses are employed, who will gladly relieve physicians of the details in connection with the investigation of cases requiring assistance, or in making arrangements for the admission of patients to any of our institutions. They will also visit

the homes of patients and render such temporary assistance as may be needed until such time as arrangements of a more permanent nature can be made.

## CALYDOR SANATORIUM

Dr. C. D. Parfitt, of Gravenhurst, Ontario, who for fourteen years has been engaged in tuberculosis work, is about to have much improved facilities for taking care of patients.

A number of interested friends have recognized the need of first-class accommodation for patients and of enlarging his opportunities for work, and have combined to form a company to build a private sanatorium in order to satisfy these needs. The building is now nearing completion, and will be ready to receive patients in the early spring.

Calydor Sanatorium, pleasantly located on Lake Muskoka, promises to be all that could be desired for the purpose, as convenience and comfort have been most carefully studied. Present accommodation is for twenty-one patients. The rooms are large and well lighted. Each room has a private, protected balcony. Beds may be wheeled from room to balcony through French doors, so that in winter the patient may go to bed in a warm room and be wheeled out of doors for the night by the orderly. Several pairs of rooms, with private bathroom, may be thrown *en suite,* thus facilitating the association of patient with relatives. An elevator will increase the liberty of patients who can undergo but slight exertion. The building will have abundant heat for the coldest weather, and this fact, along with the conveniently arranged rooms and verandahs, will make it a pleasant place for taking the "cure" in winter. The kitchen and diet room are equipped with all conveniences for providing a good table, getting hot meals to bed-patients, and for sterilizing dishes. A modern signal system will ensure prompt attendance of nurses.

The medical equipment includes a thoroughly modern laboratory, X-ray room and throat room, and will afford all facilities for the study and treatment of tuberculosis.

## The Physician's Library

*Saunders' New Catalogue.*—W. B. Saunders Company, publishers, of Philadelphia and London, have just issued their 1916 eighty-four-page illustrated catalogue. As great care has evidently been taken in its production as in the manufacture of their books. It is a descriptive catalogue in the truest sense, telling you just what you will find in their books, and showing you, by specimen cuts, the type of illustrations used. It is really an index to modern medical literature, describing some 300 titles, including 45 new books and new editions not in former issues. A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy—and you should have one.

---

*Your Baby.* A guide for young mothers, by Edith B. Lowry, M.D., author of "The Home Nurse," "Herself," and other works relating to people's knowledge of themselves. Chicago, Forbes & Co.

This work deals in a very sane, practical way with the problems confronting the average young mother, nowadays, who, being probably herself an only child, has had no previous experience with the habits or needs of small children, and has held aloof as a girl from the young married women of her circle, therefore meeting with fear the duties of her wifehood because, again, she has not seen the easy or the pleasant sides of young family life.

Every feature is treated in detail, from the point of preparing to have a well-born child, through the complications of pregnancy, to the daily care of the infant. An excellent chapter deals with the accidents and diseases of childhood, and yet another with the secret of discipline, in the most rational modern way, based on honesty.

Dr. Lowry pronounces against twilight sleep, which, as many conjectured, would prove to be only a fad. This book will prove a most useful one to the household, since it does not eliminate the calling of the physician when he is needed, but removes the necessity of harassing him over the telephone about things that it is only womanly to know by instinct after all.

---

*A Handsome Booklet.*—One of the most effective pieces of printing that has come under our notice for some time is a booklet recently issued to the Medical Profession in Toronto by The Farmers' Dairy Co, Limited, Toronto. No class of men realize more keenly than physicians the importance of clean milk and the positive necessity of the interests of the public being guarded along this line. It is quite evident that The Farmers' Dairy are not overlooking this, as shown in their new building is being equipped scientifically and will undoubt- of Walmer Road and Bridgman Street in this city. The new building is being equipped scientifically and will undoubtedly mean that those who patronize its owners will receive a milk that is a safe and pure food.

---

*Pyelography (Pyelo-Uretrography). A Study of the Normal and Pathologic Anatomy of the Renal Pelvis and Ureter.* By William Braasch, M.D., Mayo Clinic. Rochester, Minn. Octavo volume of 323 pages, containing 296 Pzelograms. Philadelphia and London: W. B. Saunders Company, 1915. Cloth $5.00 net.

Dr. Braasch presents in this volume the results of his work and experience during the last five years in the Mayo clinic. The book contains 290 odd radiographs, illustrating the normal and abnormal conditions in the kidney and ureter, and because of its completeness in this respect cannot fail to be of great assistance in the interpretation of plates.

The author's exceptional experience in so wide and varied a field enables him to furnish in the text a great deal that will be found to be of the utmost value to those engaged or interested in this department of medicine W. B. T.

---

*Handbook of Physiology.* By W. D. Halliburton, M.D., LL.D., F.R.C.P., F.R.S., Professor of Physiology, King's College, London. Twelfth edition (Being the twenty-fifth edition of Kirke's' Physiology), with nearly six hundred illustrations in the text, many of which are colored and three colored plates. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St., 1915.

W. Morrant Baker, in his preface to the tenth edition of Kirkes' Physiology, in September, 1880, wrote: "It makes no pretence of being either a complete treatise or a work of reference." But when we study Halliburton's Twelfth Edition, we cannot but consider it complete, modern and valuable both as a text-book and as a work of reference. Much new matter was introduced into the previous edition, published in 1913, relative to the process of conduction in the heart, the applications of physical chemistry to physiology, the vitamines, and reproduction and development. In the present edition, therefore, the changes are of a minor character. The book is indispensable, and should be in every doctor's library.

---

*A Synopsis of Medical Treatment.* By George Cheever Shattuck, M.D., Assistant Physician to the Massachusetts General Hospital. Second edition. Boston: W. M. Leonard, publisher.

This book of about 200 pages gives a good outline of the medical treatment of the commoner diseases, beginning with cardiac insufficiency, then nephritis and concluding with the acute infectious diseases, and gastric and duodenal ulcer. There are many helpful suggestions throughout the book, and it should be helpful to every practitioner of medicine. A. C. H.

*The Clinical Anatomy of the Gastro-Intestinal Tract.* By T. Wingate Todd, M.B., Ch.B., F.R.C.S., Eng.; Henry Willson Payne, Professor of Anatomy in the Western Reserve University, Cleveland, Ohio, late Lecturer in Anatomy, University of Manchester. Manchester: At the University Press. Longmans, Green & Co., London, New York, Bombay, etc. 1915.

This book is the substance of a course of lectures on the alimentary canal, as given in the anatomical laboratory of the Western Reserve University—an outline of recent work on the abdominal part of the alimentary tract that has not found its way into anatomical text-books.

It will be found to be replete with useful points and hints both medical and surgical. In the chapter on the Abdominal Wall and Diaphragm, we find a discussion on the advantages and disadvantages of certain incisions for appendicitis, as Bassini Kammerer's vertical incision, etc.

In the description of the Peritoneal Cavity, we find reasons given for the difficulty in diagnosis between appendicitis and acute perforation of Duodenum; also between perforation of gastric and duodenal ulcers. The theory of Fowler's position after certain operations is discussed, and the frequency of peritonitis as a complication of pleurisy; and rarity of the reverse is explained. Many other clinical facts are scientifically worked out. There are a few clear and distinct radiographic illustrations from the laboratory of Dr. A. E. Barclay.

This book is intended for those who are eager for more advanced study of facts and theories with a definite clinical bearing, but should prove useful to the general practitioner and specialist alike. W. H. P.

77.

# The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXXIX. TORONTO, MARCH, 1916 No. 3

## Editorials

### CARE OF MENTAL DEFECTIVES

WE HAVE, no matter what our walk in life may be, a stern duty towards posterity. People are learning every day that as individuals, provinces, or nations, they cannot live unto themselves alone. They should therefore build for the future, whether performing a simple daily task, or a great feat of engineering.

The clearest way to inculcate this lesson on the race is through the long arm of the public schools. It is also the easiest and most efficient way to operate any principle. By helping the teachers to discriminate between the normal and the abnormal we are not adding to their work, but giving them a sharp-edged tool to rid themselves of a burden wrongfully laid on them.

We must build for posterity in mental force, physical prowess, artistic development and spiritual uplift. Farming was a happy-go-lucky operation a

few years ago. That is what made it hard and fruitless. But modern intensive farming is a model of how we should handle the municipal problem of mental defectives. The farmer surveys his farm, sorts it as wet or dry, clayey or sandy, sloping or level, and plants what suits each soil. When the plants appear, each tiny seedling is raised by hand, the weeds and the weaklings culled out, and the strong, vigorous shoots supported and watered. In the municipalities, the only way to survey the fields for this intensive farming of humans, as yet, is in the schoolrooms, because the law is helping us, so far, by the establishment of truant laws. Tommy at least will tell the teacher if he has a foolish sister at home. Conditions are not ideal yet in our schools, for this branch of social service, but are approaching thereto, as rapidly as organized good intentions can make them. It may be that the curriculum is not perfect by which to gauge children's mentality, but we give at least some teachers credit for individuality and a sense of their responsibility to the municipality. Just now it seems as if a little too much were being put on the teaching profession, but it at least is capable of coping with big things. It would be better to some extent to leave them to deal with mental defectives, and other questions relative to habits and morals, than to expect them to handle so many aesthetic duties, as drawing and music. The teaching staff is now an honored and valued unit in our civic economy, but we recognize

sometimes too tardily the strenuous care they frequently bestow on their charge. There is no body of professional people in whose conventions one may see such conscientious, refined, ascetic faces as in a group of teachers. A careful, alert teacher has an additional sense which tells her whether a child is furtively immoral. She must use that sense all the time, in a kindly, just spirit. Here co-operation with the parents is necessary, though not always forthcoming, unfortunately, and it becomes imperative, therefore, to occasionally hold a campaign or plebiscite of some sort on the question of social purity. If a parent were confronted with the awful possibilities ahead of his child, proven the childish faults, he would undoubtedly help in watching him and prevent him from doing evil, as far as he could. But he must be at work for eight hours, and there is a balance of time during which a child is a free agent. It would appeal strongly to him to be shown that he was paying fifty cents or one dollar taxes for the maintenance of some neighbor's boy allowed to run amuck too long. Parents do not know what children are thinking, saying, or doing, as a rule, except at mealtime. The rank growth of precocious habits and pernicious thoughts spreads quickly through the medium of the public schools, and frequently results in weakness of mind, perhaps early dementia, and possibly exposure to venereal disease. They can only be checked by filling a child's mind with carefully fostered tastes for certain crafts and

exercises. Give the children plenty to do. A boy who is busy raising guinea-pigs, carpentering, and doing useful chores at home, is not going to think about himself.

Much of the mental weakness of the young is due to bad habits from infancy. Some inherit such weakness from syphilitic, drunken, or mentally defective parents. The general practitioner who has the claims of affection from families whose every member he treats, has a great responsibility here, since he detects mental weakness in the mother (at the time of confinement), or in the growing boy. When will it be compulsory to report such cases to the board of health, all such cases to be followed up by regular and frequent visits of some public health official? Such would provide for control of the child up to school age, and perhaps in the millenium, might also provide that *no more children be born to that household*. To classify people according to their intelligence and health would obliterate the evils of our present voting system and enhance the value of the franchise.

The parents of healthy sound children have a duty to perform, too, to them and to the city. Boys and girls must be taught to shun evil companions, to avoid the ensuing corruption. It is sad but true that it is almost always the mother that is defective in these unfortunate marriages, if not both, showing that man's standard for matrimonial attributes is lower than woman's. The sound child should be

carefully taught the laws of propagation of his kind, without making it seem too important or too secret, yet sacred enough to discuss first with his parents.

In the advanced school systems of English speaking peoples, a curriculum laid down for teachers provides a course of instruction on this subject. They learn how to spot the cases, to isolate them, and to teach them suitable crafts. Each school building has one or more class rooms in which are segregated the defectives discerned in the other classes. Some teachers ask for this grade, others are detailed to it through having shown special adaptability for it, patience and kindness being so essential in the handling of " backward " little ones. They are taught to match colors, to sew buttons on strips, elementary number work, and as they grow older, gardening or carpentering. Their teeth, eyes, throat, feet and skin are cared for through the visits of the school nurse or physician. But this system makes the teacher every day unhappier, as they come, not in Canada, perhaps, but in some countries where the population is " foreign," filled with bad beer, or maybe what is worse. The balance of their day is not provided for. Nobody can more than guess about their diet, their manners at table, their beds, from 3 p.m. one day till 9 a.m. the next: that is, for three-fourths of their time, in an environment that has a much more powerful constraint than the schoolroom, since it carries with it the elements of fear and reward.

(1) Parental affection or cruelty.
(2) Sleep after fatigue.
(3) Food after hunger.
(4) Clothing for warmth or vanity.

If teachers had, as aids, these so-called rewards (at least, thus regarded by the untutored mind of a child or a savage), clothing, food, rest, they, with their pedagogical skill, could largely make over the world, except for the elimination of sane parental affection.

What, then, can be done to give teachers this aid? Develop institutions where these children may be segregated and supervised every minute. Such children's perceptions are too dull to be sensible of this watchfulness, any more than a tottering baby knows that his mother's anxious hands are outstretched behind him to catch him when he falls.

The initial cost of these institutions is of course great, and has to be borne by a benevolent government, which is criminal in its neglect, instead, if it does not inaugurate all such movements to protect society from both corruption and unnecessary expense. The government should be representative of the preponderance of thought and mental force, rather than a mere counting of ignorant (!) noses. These institutions make a big demand on popular sympathy when well conducted, and pay one-half of their own current expenses when started. Donations cover one-quarter, and the annual government grant

the last quarter. Garden supplies turned out and the articles made by the inmates' own handicraft make the bulk of the receipts. Officials must be well paid, to give good service, so as to get the right people to devote themselves to such a life with hopelessness "writ large" on each individual case they instruct. But they are building up the futures of the well children outside.

The inmates of these institutions are not members of society, since they do not measure up to its standards as much as the dog or the horse, creatures of cleanly habits, intelligence and devotion. But they are an illogical society in themselves, requiring severer restraint and showier rewards than the beings who can be appealed to on the ground of reason.

A previous article in this journal has dealt very fully with the vital features of a school-hospital-farm that ideally meets these needs, therefore nothing further need be said here.

If the aggregate of all the defective, illegitimate and precocious cases in Canada be taken, it is easily ascertained that too many of them were dumped in upon us by the laxness in our present immigration laws, both in spirit and in execution. The laws are not strict enough, the tests not wide enough in their scope. The process of examination at the ports of entry becomes all too mechanical and cursory. The tests should ensure a moderate degree of intelligence and a high standard of health, but must be administered by native-born Canadians, speaking fluently

the languages of the centres whence flows our wave of immigration, Poland, Russia, etc. It is a crime to load this fair land with the undesirables of Europe.

In a hot campaign on some political issue, based on some commercial problem, the less intelligent members of the community are organized by the capitalists and (in the West) practically ordered to vote in a certain way. But who can imagine in his wildest moments anyone organizing the defectives to vote against measures to purify society? The defective with the franchise would be affronted to be asked to come in on that platform.

Much help will be given by the clergy in quieting any stampede on this so-called " moral " issue, since they gain access into many of these homes and see the extent of misery and filth, the consequent immorality, and the wastefulness of municipal funds caused by even one of these cases.

At this crucial point in the history of Canada, when many of the best men have gone abroad to offer their lives for a principle, we should not overlook the farthest issues of everything pertaining to our internal economy to save the race. Why let these princes among men sacrifice themselves for a posterity that will consist too largely of weaklings, moths in the bee-hive, trailing their slime over the work of the all-too-few remaining workers? The present government should distinguish itself by taking the initiative in all propaganda for reforms, by showing prudent foresight and energetic thorough-

ness in handling the problems of future virility and skill for Canadians. In these days of excitement, mourning and unrest, there is plenty of room and time for indiscretions arising from desperation, bad judgment and lack of self-control. Births of illegitimate children, violation of simple-minded girls, and precocity among children are not infrequent, and in such lies the greatest tragedy of war, for it undermines society.

It is high time for a campaign urging—

(1) Revision of immigration laws and tests.

(2) Manning that department more fully at the ports, so as to afford a leisurely examination by men with linguistic attainments.

(3) Longer periods of detention of immigrants for observation.

(4) Courses of instruction relative to work for mental defectives in all the schools of pedagogy.

(5) Federal responsibility, owing to the freedom of defectives to move from province to province, to take the form of building schools and buying farms.

(6) Compulsory reports to the board of health by general practitioners, they freeing themselves of any personal dislike by sending the patient for an examination, if necessary, by a local health officer.

(7) Courses of lectures given by the representative citizens of all classes—the church, the law, medicine, the tax-payer—on eugenics.

In twenty-five years this evil would be effectually eradicated.

# Canadian Journal of Medicine and Surgery

## Editors


**Surgery:**

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

**Clinical Surgery:**

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

**Orthopedic Surgery:**

B. E. MCKENZIE, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association. W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto.

**Militia and Naval Medical Services and Ambulance:**

J. T. FOTHERINGHAM, M.D., Lieutenant-Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator CHAS J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

**Medical Jurisprudence and Toxicology:**

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

**Hospital Administration:**

Miss AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

**Pediatrics:**

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

**Medicine:**

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M.D., M.R.C.S., Eng., Toronto.

**Clinical Medicine:**

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

**Mental and Nervous Diseases:**

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Gynecology and Obstetrics:**

B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

**Pathology:**

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

**Ophthalmology:**

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear:**

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

**Dermatology:**

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

**Managing Editor:**

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.



Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

*Reprints supplied at Net Cost*

# Original Contributions

## THE MEDICAL COMMISSION*

## ORTHOPEDIC SURGERY.

CLARENCE L. STARR, M.D.

YOUR LORDSHIP, I have been asked to present this morning the subject of orthopedic surgery, largely because it is the department of scientific medicine which takes care of a large percentage of the cases which the so-called irregular practitioners or practitioners of other systems, such as mechano-therapy, osteopathy, and so on, have come under their observation from time to time.

It aims at so qualifying men that they may be able to take advantage of mechanical methods of treatment, such as massage, hydro-therapy, etc., when it is of advantage to the patient, and at the same time to withhold mechanical treatment when it may be of no value, or even harmful.

With regard to the subject of state control in the various special departments of medicine or surgery, as was spoken of by the last speaker, it is my opinion, your Lordship, that this can be better controlled by the medical profession itself than by any legislation. In the case of orthopedic surgery, for instance, it is absolutely essential that a man have not only the regulation five years' training in college, but that subsequently he should spend several years further in special clinics where this work is done on a large scale in order that he may prepare himself for such specialty.

* This series of articles represents the views of different members of the profession, as laid before His Lordship, Mr. Justice Hodgins, K.C., Medical Commissioner, in the investigation that has been under way for the past two months or more, and we feel gratified to be in a position to give our readers throughout the Dominion the benefit of such interesting material.

It is quite possible, of course, for a man, immediately after his graduation, to attempt to specialize in this or in other departments, but it will be impossible for him to convince his colleagues or other members of the profession that he has any special qualifications for such specialty; and as he is dependent on these men for his practice it largely prevents such an occurrence taking place.

Another safeguard in the same direction is the fact that in order to get recognition in a special branch a man must become a member of some organization that is comprised of a number of men practising the same specialty. For instance, if one wishes to be recognized as a first-rate orthopedic surgeon he must almost necessarily become a member of the American Orthopedic Association; and in order to secure membership in such an association he must have practised for five years after graduation and have shown himself to have attained scientific eminence in this special branch. He must produce evidence of such attainments. He must have a high standing among his colleagues in the section in which he lives. He must have published a series of articles on this special branch of a distinct type such as will pass the members of the Standing Committee.

Such safeguards as these, your Lordship, make it impossible that a man should attempt to practise a specialty without proper qualifications, and safeguard the public without special legislation.

The Commissioner: Is there any such association as you speak of in Canada, Dr. Starr?

Dr. Starr: There is none in Canada, your Lordship, because there are practically very few men practising this department of medicine here. Most of us in Canada who are practising this particular branch of surgery are associated with the American Orthopedic Association, as we find it to our advantage to mingle with our confreres across there in order that we may get the benefits of the work being done by them owing to their increased facilities.

Q. That association is composed of physicians who are practising orthopedic surgery?

A. Yes; in Canada and the United States.

Q. Does it prescribe a course?

A. No.

Q. Does it examine?

A. No, your Lordship. When a physician makes application for membership in that association, that application is passed upon by a membership committee. They consider the qualifications of the applicant—that is, the scientific work that he has done in this department since the time of his graduation.

Q. How do they find that out, Dr. Starr?

A. By his writings, by the work he has done in his particular district and by contact with, and inquiry of, men in his district as to the type and character of the work that he has done. I might point out to your Lordship that work of this kind cannot be hidden. If a man is doing any work of moment it is known to his colleagues. Take, for instance, our own work in the Children's Hospital. We have worked out a system of prevention of deformities and of correcting existing deformities which we feel is distinctly in advance of the work that is being done by other members of the profession.

Q. The association does not lend any lustre to the name of the man who does that good work—if it is good?

A. It does, indeed, your Lordship.

Q. Because he only gets there because he has qualified himself; that shows he is qualified? Now if that be so, Dr. Starr, what is the benefit of membership in that association unless they have a standard of examination and some way of testing it?

A. They have this test, your Lordship, which is much more adequate, it seems to me, than an examination. The applicant for membership in the association has to pass in the opinion of his colleagues a high standard in that particular department. He has got to come up to a certain standard of scientific attainment, and if he does not reach that high standard of attainment he is turned down for one or two years' further study in foreign clinics, and it is suggested that that course should be pursued.

Q. Take a concrete case. If a man in Toronto wishes to obtain membership in that association, he might be regarded

here as thoroughly qualified and eligible for membership, but the association would not make any inquiry as to the opinion of his medical friends here, would it, as to his qualifications or attainments?

A. His qualifications, your Lordship, are judged by a jury of his peers—men who are amply qualified to judge as to whether or not he has reached or attained a sufficiently high standard to warrant his being accepted as a member of that association.

Q. I should think that a jury of his peers in Toronto would be by far the better way of deciding as to his qualifications. They would know more about it, I should think.

A. The men doing that special departmental work are not in Toronto. You might be able to find four men here, but no more.

Q. How can that association ascertain what that man's qualifications are over here, Dr. Starr?

A. Well, your Lordship, take my own case. My work in the Children's Hospital here is sufficient. They know the work that is done by myself here, and they inquire into the results of that work. That is sufficient in itself, besides what scientific articles have been published in the journals of Canada and America.

Now in presenting my part of the question to-day, my object was to show your Lordship the advances which have been made in orthopaedic surgery within comparatively recent years, and to point out to what these advances may be ascribed. It seems to me that the advances made similar to those in general surgery —and you know what these are, sir—have been largely due to medical research, to an increasing knowledge of etiology and to a thorough study of the cause of diseases. The etiology—that is the cause of the diseased condition in chronic forms—is coming more and more to the front as a distinctive branch of medicine. For instance, it was from this source, sir, that the contagious and infectious character of infantile paralysis was first demonstrated. That has resulted from much research work along this line. Now the extension of this malady—which is one of the most fearful in causing deformities that

we have to do with—is limited, and can, in fact, be more or less prevented.

Cases of chronic arthritis frequently come under the observation of such systems of treatment as those practised by the osteopaths or allied branches of healing. Demonstrations have proved that these chronic infections, which were at one time all classed under the term of rheumatism, are due to a series of infective agencies, a great many of them produced in mouth cavity or in teeth cavity, tonsils, in the structures of the tonsils, in the sinuses of the face and nose, carrying infection through the blood-stream to the joint. This infection invades the various joints of the body and causes the disturbances which arise.

But the point that I want to make, sir, is that it makes all the difference in the world what type of infection is present as to what method of treatment should be meted out to such a case.

Q. How are such cases treated by the osteopaths?

A. They are all treated alike, your Lordship.

Q. As being what?

A. Well, as I understand it, they are all classed as maladjustments or faulty adjustments of the bone.

Q. They are not treated as rheumatism?

A. They are not treated as rheumatism; they are not treated as infectious. That is the main point I want to make. These cases are treated as subluxations or dislocations. That is a mechanical condition, not a condition produced by definite organisms. These cases have to be treated according to the etiological factor. You have to eliminate the infectious origin, and these people cannot, in a great majority of cases, carry out the treatment which should be adopted in that particular case.

Now the second point I wish to make, sir, is that the pathological conditions are being increasingly studied. The study of pathology teaches us that the diseased condition results from the introduction of these various organisms and different types of infective agencies into the parts which may be affected, and assists us very materially in administering the proper treatment.

To illustrate what I mean, permit me to instance two types of cases and their treatment.

For instance, a tubercular disease of the joint is known to invade the bone, not the joint structure itself, but the bone tissue underneath the joint, undermining the cartilage and destroying the bone tissue underneath; whereas in a case of, say, toxic arthritis, resulting from infection from the mouth cavity, there is produced a lesion of the cartilage itself, not an undermining.

Now one does not have to be a prophet, or the son of a prophet, to see that the treatment given in one condition will be absolutely fatal to the other condition. That is to say, if a joint surface is undermined and manipulation of that joint is undertaken, the joint will be destroyed; whereas in the other case, with the adhesions of the joint surface, to give any manipulatory treatment of that would be to the betterment of the condition.

Now the point I want to make there is that unless a man has sufficient preliminary knowledge and sufficient anatomical knowledge and sufficient pathological knowledge of the condition, he cannot differentiate the tubercular lesion from the infectious one, and the consequence is that the patient is going to suffer, is going to be injured instead of benefited.

I can produce instances, your Lordship, of cases of tubercular joints which have come under my notice where the condition has been made infinitely worse by manipulatory treatment at the hands of a practitioner of that class.

Now the foundation of chiropractic teaching, as I understand it, is that the diseased condition is due to a displacement of spinal bodies. I can instance one case where a chiropractor, in his endeavor to correct a supposed displacement, broke down a fibrous healing of a tuberculous spine, and the result was immediate paralysis of the patient, by pressure on the cord, from that point down. I maintain, sir, that if that man had possessed an adequate knowledge of pathology and a knowledge of the etiological factor in the case he would not have made that mistake. That is a case that ought to have had absolute fixia-

tion and absolute rest—no massage or manipulatory treatment of any character.

Q. But do not the regular medical practitioners sometimes make mistakes, Dr. Starr?

A. Not very frequently in that type of case, sir. That is a case that ought to be about as plain as the nose on one's face. The real point at issue, however, your Lordship, is that these osteopaths claim it is not necessary to differentiate one type of case from another, and hence the foundation of their methods must be wrong, as instanced. On the other hand, in our department an effort is made to earlier and more accurate diagnoses, and I hinted at that speaking of the pathological condition. A man must, by proper preliminary education and study, be able to differentiate between the various types of joint diseases, because what might be a valuable therapeutic measure in one case may be useless as well as disastrous in another case.

Just one further point, sir, and that is with regard to the treatment of these conditions. There is nothing, absolutely nothing, in the system maintained and practised by osteopaths and chiropractors, or bone-setters, that is not within the knowledge of all regular medical practitioners, particularly the practitioner doing orthopaedic work, and what is of value is daily being utilized. The services of a trained masseuse or masseur are always available; they take no responsibility for the diagnosis of the condition, but they do the mechanical work which is prescribed by the practitioner, so that as far as that element of the case is concerned it seems to me that with the one we have all of the advantages and none of the disadvantages.

I thank your Lordship very much for your attention.

# MEDICAL CONDITIONS AT THE FRONT.

HERBERT A. BRUCE, M.D.

I WAS asked to say something, your Lordship, with regard to medical conditions at the front. From an observation of the injuries and wounds occurring in the present war the question arises: How would these injuries be treated by men who are not versed in the practice of surgery? What chance, for instance, would a man have with a hemorrhage from one of his blood-vessels if a surgeon were not at hand? If he had a serious injury to one of his limbs, crushing the nerves, muscles and bones, and was suffering from pain and shock, what help would one of these irregular practitioners, who do not believe in drugs, be able to render such a man? What condition would that poor fellow be in?

And then we have the very extensive injuries to the brain, necessitating trephining of the skull, and provision for drainage. What help could such a patient hope to obtain from a man who had not a first-class knowledge of surgery? Again, injuries to the spinal cord, such as are produced by projectiles of various forms—bullets, shrapnel—where the projectile has penetrated the cord, surely in a case of that sort surgery has been able to demonstrate its value. Again, I would ask what help could these poor, unfortunate fellows hope to obtain, under these circumstances, from any of the forms of treatment that we designate as "irregular"—osteopathy, chiropractic, and so on?

At the front one of the most serious conditions that surgeons are called upon to treat is septic wounds—wounds that have become septic in consequence of infection. Now in order to treat these wounds intelligently and satisfactorily one must have a preliminary knowledge of bacteriology, a knowledge of pathology, a knowledge of chemistry, and a knowledge of practical surgery. I think the results which have been accomplished during the latter months in France in the treatment of these septic conditions have shown a great advance over anything we have been able to attain heretofore, all due to the scientific

handling of these conditions. These are things about which the osteopath and the chiropractor know nothing.

A former speaker referred to the epidemic of typhoid fever which has obtained in former wars, and I would say further that not alone typhoid, but typhus and cholera are generally considered to be the concomitants of every great war. What has been our experience in the present war? We have now been at war fifteen months, and we have had no epidemics of typhoid, of cholera, or typhus in France; and this is due to the skill and scientific knowledge of the medical men who have had charge of the medical arrangements of the campaign. There has been typhoid in Serbia, simply because they did not have sufficient medical knowledge to enable them to cope with the trouble. This war, your Lordship, has been a revelation to the world in showing what tremendous advantages we are able to enjoy by a full and complete application of scientific methods in the practice of medicine and surgery. We employ massage, mechano-therapy, electro-therapy, hydro-therapy, and all other forms of therapy that will be of any advantage or benefit to the patient.

Q. What is therapy?

A. Treatment.

Q. Simply treatment?

A. Yes, your Lordship.

And I might say here that I saw no cases at the front that could be helped by the knowledge which I believe is generally possessed by graduates of these various irregular schools. It is essential that we should have the ability to diagnose before we can properly apply any treatment to disease.

I would like to read you an extract taken from the curriculum of the Central School of Osteopathy, page 34, under the heading of "Requirements for Admission":—

"They say one cannot be too highly educated, yet between sixty and eighty per cent. of the more than five thousand osteopaths now in the profession did not have the advantage of a high school education, yet a good per cent. of these are successful osteopaths; and, if they would follow the Golden Rule, they

would not vote to bar anyone from having the same chance as themselves. It is a well-known fact that those who started the first osteopathic school were not college or high school graduates. The laws of Missouri do not require that a graduate of osteopathy have a high school education; in a few States, however, this is required, and the preliminary educational requirement depends upon where the student desires to practise."

On page 43 we find:—

"These cautions are thrown in here because it is evident from osteopathic periodicals, where the experiences of students and practitioners are expressed, that when the commercial and selfish spirit prevails, students are bled at every corner for all that can be drawn from them and value received is not considered."

"In 1909 the Legislature of Massachusetts passed a law requiring osteopathic physicians to pass the same examinations as are required of the graduates of all medical schools."

Quotation from the *National Journal of Chiropractic*, page 8:—"In the beginning of our practice we find many cases—many diseases which are new to us. These should be looked up in your text-books until you become perfectly familiar with the disease met with. For instance, a patient comes to you and says that he has locomotor ataxia. That evening locomotor ataxia should be looked up in your books, and you should make yourself perfectly familiar with the cardinal symptoms of that disease. The next case of locomotor ataxia that comes to you will be treated by you with much more intelligence, for you are more familiar with it. I also want to say a word with regard to diagnosis. The large majority of patients who come to a chiropractor know before they come what they are suffering from. A diagnosis is not an essential. Occasionally, however, you will find one who has no idea of what his trouble is, and it is necessary for us to find out. According to the fundamental principles of chiropractic ninety-five per cent. of all diseases is caused by subluxation of vertebrae. If a patient has liver trouble there is a subluxation of the fourth dorsal

vertebra, or he couldn't have liver trouble. There is no credit obtained by taking incurable patients. Tuberculosis in its advanced stages is incurable. As far as we know, we have nothing to gain, but much to lose by taking such patients. You had better let them stay with their family physician, who can do them some good, than fool with you, with the chances that you will do them no good."

The position I would take in regard to the situation is that every person who is registered as legally entitled to treat the sick shall comply with the same educational requirements, both preliminary and scientific.

It should be unnecessary to argue that before rational treatment can be given that a thorough preliminary knowledge of the underlying fundamental principles is essential before it can be intelligently and safely carried out. A thorough knowledge of the structure and functions of the body in health as well as the conditions producing changes in these, that is to say, disease, is essential. Before intelligent treatment can be given it is, therefore, necessary to have a proper training in anatomy, physiology, pathology and pathological chemistry, organic chemistry, physics and bacteriology.

When all these have been thoroughly mastered it is then time to consider the therapeutics. It is necessary to have a thorough clinical training in order to recognize the various diseases, because it will be quite obvious that before any plan of treatment is undertaken one must recognize the disease which one is called upon to treat.

---

## PHYSICAL THERAPEUTICS.

CHARLES R. DICKSON, M.D.

I DESIRE to submit some data, your Lordship, in regard to the status of physical therapeutics and its relation to this Commission.

Physical therapeutics, physical therapy, or physiotherapy, as it is variously termed, may be defined as the employment of

electricity and other physical agents and methods in the diagnosis, treatment and prevention of disease, injury or deformity of the body. Among the chief physical agents thus employed, in addition to the various forms of electricity, XV-rays, ultra-violet rays, radium rays, may be mentioned water in the form of applications and baths of various sorts and temperatures, external and internal, air of various temperatures and conditions prescribed as baths, or as climate, light, natural and artificial, heat, cold, and diet. Among the chief physical methods employed are exercise, active or passive; whether manual, as by massage, Swedish movement, or other manipulations; mechanical, as by vibration and exercisers of various sorts; also numerous manipulative and mechanical methods for correcting deformities and for influencing the various functions of the body. We may likewise include in this category suggestions made to patients to aid them in regaining a normal condition of health.

This list does not contain all the measures employed in physical therapeutics, but should suffice to show the scope and variety of the measures available. No mention of drugs, medicine or surgery is made in this list, but it does not follow that they are regarded as useless by those who employ physiotherapy. It means that many diseases, but not all, are curable without the aid of medicine, as the laity understands that term. This fact is acknowledged freely by the regular medical profession. The representative of the Ontario Medical Association has already testified that physical measures are recognized and employed by its members. And this recognition is of no recent date, as will be seen from the following facts.

The College of Physicians and Surgeons of Ontario, without whose license no one may practise medicine or surgery in this Province, and which is now being attacked on this score, was organized in 1866. The late Dr. John Robinson Dickson, of Kingston, my father, was its first president. He was acknowledged to be a physician of the first rank and a surgeon of eminence. For many years before his death he was Emeritus Professor of Queen's University. As medical superintendent of Rockwood Asylum he revolutionized the medical treatment of the insane. The opinion of such a man on medical questions

should surely be of importance, and he was a firm believer in the value of electricity as a remedial agent, and did not hesitate to employ it in his practice. Nor was he alone in this belief.

I came to Toronto twenty-six years ago to devote my entire attention to the use of medical and surgical electricity, after several years of general practise in which I had employed electricity as well as medicine and surgery in suitable cases. Not that I considered it a panacea, but because I believed it often gave relief where other measures failed, and frequently proved a valuable aid to ordinary methods of treatment. My plan was to work in harmony and co-operation with fellow medical and surgical practitioners, on strictly ethical lines. I believe I was the first regularly qualified medical practitioner in Ontario to do this, otherwise I would not go into these details; but I think that my experience may be of some assistance in this matter.

A couple of months after coming to Toronto, at the request of the Board of Trustees of the Toronto General Hospital, I instituted and conducted a Department of Medical and Surgical Electricity there. Shortly afterwards, I performed a similar service for the Hospital for Sick Children, and when St. Michael's Hospital was organized my services were again utilized.

The leading British hospitals are fully equipped with apparatus for physiotherapy.

In the United States there is an association devoted wholly to the cultivation and promotion of knowledge in whatever relates to the application of electricity and other physical measures in medicine and surgery. Only regularly qualified practitioners of medicine and surgery, who must be graduates of recognized medical colleges and members in good standing of their national and respective state medical societies, can become active members of this body, known as the American Electro-Therapeutic Association.

We have heard a great deal about osteopathy, chiropractic, manotherapy, drugless medicine, and Christian Science, as a means of healing our poor bodies, and there is no doubt that each may do much good. With this no one should find fault. But we believe that most of them are based on erroneous prin-

ciples, and we do object to this, if these principles are to be taught in colleges here.

It is a very poor handful of chaff that does not contain at least one grain of good wheat. Now these grains can be picked out of all these handfuls and utilized, while the chaff is thrown away; and this is being done. One is quite safe in saying that there is nothing which these various cults have accomplished which cannot be accomplished at least equally well by rational recognized physical measures.

Physical measures will not cure all diseases, nor will any of these other cults. Many diseases must still be dealt with by medicine and surgery. Physiotherapy is merely one of the specialties of the practise of medicine, to be used in harmony and co-operation with that practise.

The trouble is that while many prominent physicians and surgeons and many hospitals admit that physical methods are of value, very few appreciate the full extent of their usefulness, and the bulk of the profession know nothing whatever about them, nor how to employ them properly. The reason for this is that our medical colleges have hitherto failed to give lectures on physiotherapy, and their graduates have had to rely on reading such books as were obtainable for their knowledge of this subject. As a result of this, their sometimes dissatisfied patients have sought the services of one of these "irregulars" for relief when physiotherapy might have retained them on the physician's visiting list.

An ideal solution of the whole difficulty would be: First, settle on a satisfactory definition of medicine and surgery, and what constitutes a practitioner of these, bearing in mind that air, water, light, heat, cold and electricity are medicines, and very powerful ones.

Next, establish a college where physiotherapy may be taught on a thoroughly scientific basis, with preliminary instruction along customary medical lines, and access to hospitals and laboratories.

Then, let enlarged powers be granted the College of Physicians and Surgeons, and let it compel every medical student to pass an examination on physiotherapy before being allowed to

practise medicine of any description. And give this body full power to prosecute offenders.

To those who do not desire to practise all departments of physiotherapy, but only wish to give massage, for instance, a complete medical training would, of course, be unnecessary; and the same rule would apply to those restricting themselves to the giving of baths, or similar minor branches.

Meanwhile, there are in this province some persons who have become skilled in the use of certain physical agents, such as some of the safer varieties of electrical currents, but are not qualified practitioners. Provision should be made to respect the rights of these people in any legislation that may be devised.

Provision should be made in all medical colleges for the scientific teaching of physiotherapy to all students.

Now, just a word, your Lordship, with reference to X-rays. X-rays are being used by a great many people in the city of Toronto, and it is a very dangerous thing to use. My own opinion is that none but regularly qualified medical practitioners should be permitted to use the X-ray for diagnostic or therapeutic purposes. Some of my dearest friends, men of high standing in the profession, have died as a direct result of using the X-ray. I might say, your Lordship, that my present condition of blindness I ascribe to excessive use of X-rays in the early days, before we knew as much about it as we do now. You can see what this dangerous agent has done even to medical men. X-rays are just as dangerous as strychnine. You might as well permit these people to give strychnine in large doses as to allow them to use X-rays. Restriction should be placed on these things, and that, in my opinion, would be a solution of the whole question.

# Militia and Naval Medical Services and Ambulance

Capt. (Dr.) Bruce Robertson is with No. 14 General Hospital.

Dr. J. G. M. Sloane, R.A.M.C., is attached to a British hospital at Saloniki.

Capt. (Dr.) S. J. Streight (C.A.M.C.) is attached to No. 8 Stationary Hospital.

Capt. (Dr.) A. C. Armstrong, C.A.M.C., Moose Jaw, Sask., recently returned to Canada.

Dr. Andrew Hart, Brockville, Ont., has returned from the Front, and is convalescing at Kingston.

The sum of $17,650 has been subscribed to the maintenance of Queen's Stationary Hospital, C.E.F.

Capt. (Dr.) S. Alwyn Smith, D.S.O., Winnipeg, has been transferred from the 3rd Field Ambulance to London.

Lt.-Col. (Dr.) Rennie, Hamilton, and Lt.-Col. Fotheringham, Toronto, have been promoted to be full colonels.

Maj. (Dr.) Pentecost and Capt. (Dr.) Woods, of Toronto are also at No. 2 Canadian Stationary Hospital at Outreau.

Capt. (Dr.) McKeown, Toronto, has been appointed organizer of the Canadian Medical Pension Board in England.

Capt. (Dr.) Magwood is at No. 1 Convalescent Depot.

Capt. (Dr.) Arthur Ellis is with the Fifth Canadian Mobile Laboratory.

Major Berdan, London, Ont., Medical Officer of the 135th Battalion, has been gazetted Honorary Lieutenant-Colonel.

Major (Dr.) F. J. R. Forster, Stratford, Ont., has been transferred from the 28th Perth Regiment to the Army Medical Corps.

Maj. (Dr.) J. E. Davey, Hamilton, has been recently promoted to be Lt.-Col. and Commanding Officer of No. 11 General Hospital at Boulogne.

Lt.-Col. Jas. A. McCammon, Brockville, Ont., is in command of the 156th Battalion, which is being recruited in Leeds and Grenville.

Dr. Wilfred Grenfell, Labrador, has joined the Second University Contingent from Harvard University as Senior Surgeon.

Lt.-Col. A. Aitken Ross, R.A.M.A., who died recently in London after being invalided from the Dardanelles, was a Canadian, having been born at Halifax.

Lt.-Col. (Dr.) Casgrain, Windsor, has recovered from his recent illness and is in command of the Officers' Hospital at Folkestone, near Dover.

Dr. George T. McKeough, of Chatham, Ont., has enlisted for Overseas Service and will be attached as Major to the Army Medical Service.

Capt. (Dr.) Howard Burnham, son of Dr. Geo. Burnham, Toronto, has been moved from No. 1 Artillery Brigade to No. 2 Canadian Field Ambulance.

Lt.-Col. (Dr.) Ford, No. 1 Casualty Clearing Station, has been ill, but is now recuperating at the Officers' Convalescent Hospital on the Riviera.

Capt. (Dr.) McLay (R.A.M.C.), of Woodstock, Ont., and Maj. (Dr.) J. N. Gunn (C.A.M.C.), of Calgary, Alta., are attached to No. 11 General Hospital.

Maj. (Dr.) J. T. Clarke, Toronto, of the permanent C.A.M.C., is now Commanding Officer of No. 2 Canadian Stationary Hospital at Outreau.

Capt. (Dr.) William Hale, Utica, N.Y., has joined the C.A.M.C. Capt. Hale is a Canadian, having been born at Gananoque. He graduated from Queen's University in 1910.

Dr. Dugald Stewart, M.P. for Lunenburg, N.S., has been gazetted Major in the C.A.M.C. He will conduct the medical examination of recruits at various places in the Sixth Division.

Dr. A. G. Nasmith, Milverton, Ont., who went to England with the 2nd Canadian Mounted Rifles of Victoria, has been given a commission as Lieutenant in the R.A.M.C.

Capt. (Dr.) Clutterbuck is now attached to No. 13 Stationary Hospital. Capt. (Dr.) Jackes (C.A.M.C.) and temporary Lt. (Dr.) Alexander (R.A.M.C.), are with No. 13 General Hospital.

According to a cable received from Lt.-Col. Etherington, the officer in command of the Unit, it is proposed to convert Queen's Stationary Hospital, which is at present stationed at Cairo, into a General Hospital.

Major (Dr.) Young, Ottawa, has been appointed Assistant Director of Medical Services at Bramshott, under Col. Shillington. Major (Dr.) S. McCoy, Toronto, has been appointed Medical Registrar of the Record Office.

It is understood that Dr. Hubert Brown, of Cooksville, Ont., has been recommended by Lt.-Col. Marlow for the position of Medical Officer of the 169th Battery. Dr. Brown served in the South African war.

Dr. Roy Thomas, assistant to Dr. N. A. Powell, College and McCaul Sts., Toronto, left for Overseas Service on January 13th. He expects to be attached to one of the Canadian hospitals, possibly to No. 4, now at Saloniki.

Lieut. (Dr.) H. S. Gooderham is assisting Col. Watt, Winnipeg, who is in command of the Canadian Hospital, Ramsgate. The staff is composed of Captains Cooper, Registrar; Kirkpatrick, Hill, Norman, McLeod, and Hagey, Dentist. Miss Ridley is Matron.

Capt. (Dr.) O. A. Cannon, Stratford, Ont., recently returned from the Dardanelles on three months' leave of absence. He was appointed Medical Officer of the 110th Perth Battalion, but has since been transferred to London, Ont., as Deputy Assistant Director of Medical Services in No. 1 Division.

The following promotions in the A. M. C. are announced: To be Lieutenant-Colonels, Majors R. P. Wright, Quebec; J. E. Davey and D. P. Kappele, Hamilton; to be Major, Capt. George J. Boyce, Quebec; to be Captains, Lieutenants E. Millette, Windsor Mills, Que.; James Donald, Cowley, Alta., and Norman Ferguson.

Dr. C. J. Copp, of Toronto, has been created a Knight of the Cross of the Order of the Hospital of St. John of Jerusalem in England. Dr. Copp has been identified with the Ambulance Departments of the Order for a number of years, and is Honorary Secretary-Treasurer of the Ontario Council of St. John Ambulance Association and Assistant Commissioner of the St. John Ambulance Brigade. We extend our congratulations to our collaborator.

The following changes have been made in the staff of the Medical Faculty of Laval University, Quebec: Dr. Joseph Guerard, Professor of Pathology, is now Professor of General Therapeutics; Dr. O. Leclerc is Professor of Physiotherapy and Physiology, and also Joint Professor in the Medical Clinic at Hotel Dieu.

Dr. George S. Strathy, up till recently connected with No. 2 Casualty Clearing Station, is now attached to No. 11 General Hospital at Boulogne, France. This is a British, not a Canadian, hospital. No. 2 Casualty Clearing Station has been temporarily broken up, the officers and men being now attached to various British hospitals at Boulogne and its suburb, Wimereux.

Over two hundred practitioners from the Province of British Columbia are now on Active Service and, in addition to No. 5 General Hospital, six sections of the Field Ambulance, each eighty-five strong, and several small detachments have been despatched to England. The Military Hospital at Work Point Barracks is administered by a small detachment of the Permanent Army Medical Corps under the direction of Capt. G. A. B. Hall. It comprises six wards with accommodation for thirty patients. Over 80 operations were performed during the period elapsing between January first and the middle of November, 1915; they included 15 operations for varicocele, 10 for appendicitis, 16 for varix, 12 for hernia, and 6 for tonsilitis.

---

## DR. E. B. HARDY PROMOTED

Major (Dr.) E. B. Hardy, formerly residing at the corner of Euclid Ave. and Bloor St., Toronto, who went with the First Contingent, has been promoted to the rank of Lieutenant-Colonel, and is now in command of No. 2 Field Ambulance. He succeeded Dr. MacPherson, who was recently promoted to look after the Convalescent Hospital in Surrey, England.

## CANADIAN CAVALRY FIELD AMBULANCE

The following is the organization of the Canadian Cavalry Field Ambulance: Major Kappele, of Hamilton, commandant; Captains R. H. McGibbon, T. D. Archibald, W. E. Bauld, H. P. Wright; Lieut. Lawrence, quartermaster.

## COLONEL H. B. YATES DEAD

Lieut.-Col. Henry Brydges Yates, on the staff of No. 3 General Hospital, McGill University, died at Ramsgate, England, on January 22nd. The colonel was taken ill in France.

Col. Yates was very well known socially in Toronto. He was married to Alice M. Bunting, daughter of the late C. W. Bunting, M.P., who was at one time an editor and managing director of the *Mail and Empire*.

Col. Yates was born in Montreal in 1865, was educated at Charterhouse and at Jesus College, Cambridge, and took his medical degree at McGill. He had a wide practice in Montreal, and was a lecturer on bacteriology at McGill University and at the Royal Victoria Hospital.

When war broke out Lieut.-Col. Yates was one of the originators of the McGill Hospital for Overseas.

## LT.-COL. GEORGE GALLIE NASMITH MARRIED

Lt.-Col. G. G. Nasmith, M.D., C.M.G., and Mrs. Emma Scott-Raff, were married at Toronto by Ven. Archdeacon Cody on Thursday, January 20th. The Colonel and his bride left immediately for New York, where Mrs. Nasmith saw her husband off on the steamer, returning to Toronto a few days later. Mrs. Nasmith intends to join Dr. Nasmith in England in the spring.

## THE ONTARIO BASE HOSPITAL

Dr. Robert Arthur Thomas,. 976 College Street, Toronto; Dr. John Edward Kane, 81 Earl Street, Kingston; Dr. Harley Smith, 87 Harbord Street, Toronto; Dr. Leslie Clinton Fallis, 18 Fernbank Avenue, Toronto; Dr. Thomas Arthur Carson, Orangeville, Ontario; Dr. Alexander MacKay, 579 Euclid Avenue, Toronto; Dr. Ross Alexander Jamieson, Mount Forest, Ont.; Dr. Daniel Leo. Kennedy, Portsmouth, Ont.; Dr. William John Clark, 867 College Street, Toronto; Dr. Philip Victor Graham, Uxbridge, Ont.; Dr. Elmer F. Richardson, Aurora, Ont.; Dr. Gordon Leigh Jepson, 240 Pall Mall, London, Ont.; Dr. Duncan Alexander Campbell, North Bay, Ont.; Dr. George Downing Fripp, 143 Simpson Street, Sault Ste. Marie; Dr. William Berkely Stark, 204 St. George Street, Toronto; Dr. Malcolm McLachlan Crawford, 39 Roxboro Street West, Toronto; Dr. Alexander Smirlie Lawson, 28 College Street, Toronto; Dr. Arthur Gunn, Durham, Ont.; Dr. Robert James Wilson, 20 Bloor Street West, Toronto; Dr. George William Alexander Aitken, 99 Ridout Street, London; Dr. Douglas Verral Currey, 272 St. Paul Street, St. Catharines; Dr. Alan Bernard Greenwood, Sutton West, Ont.; Dr. Edward Ryan, Kingston, Ont.; Dr. Adam E. Kilker, 352 Barton Street East, Hamilton; Dr. —— Palling, Barrie, Ont.; Dr. R. L. Parr, 646 Bathurst Street, Toronto.

It is understood that Lt.-Col. (Dr.) Graham Chambers, of Toronto, who has been attached to the University Base Hospital Unit at Saloniki, is to be transferred to the Ontario Base Hospital at Orpington, England. Lt.-Col. Chambers will be Chief of the Medical Department.

The commanding officer will be chosen from the Canadians now on active service in England. It is expected that the hospital will leave for the front almost immediately.

We would be glad to hear that the Government include in the staff of the Ontario Base Hospital a representative medical woman, as has been done in several of the military hospitals in England. We know of no better choice or a more representative and hard working member of the profession than Dr. Helen MacMurchy, and the Hon. Mr. Hanna can make no mistake in offering her a commission of some kind in this important institution.

## THE ACADEMY OF MEDICINE, TORONTO

The Profession in Toronto and its vicinity are urged to reserve Tuesday evening, March 7th, for the Stated Meeting of the Academy of Medicine, which takes place in the Mining Building of the University of Toronto, 174 College Street, at 8.30 o'clock. On that occasion the Academy is to be honored with an address from Dr. J. A. Fordyce, of New York, Professor of Dermatology at Columbia University. It is expected that this meeting will be one of the most interesting of the entire winter, and is a treat in store for the Fellows. We hope to see the Auditorium of the Mining Building crowded.

## CANADA'S FEEBLE-MINDED

A meeting took place on January 14th, in the Confederation Life Building, Toronto, called to discuss the whole question of the care of the Feeble-minded. The meeting was exceedingly interesting and was well attended. The occasion was the reception of the Report of the Special Commission appointed by the Ontario Government to take up this whole matter. After furnishing statistics to prove the prevalence of this terrible evil, the Report suggested several remedies. These remedies included classes for backward children in the public schools, a suitable institution for the education of the worst cases, the compilation by the Medical Health Officer of a register of defectives, a psycho-educational clinic, a farm cottage system, and the appointment of a permanent "Board," whose membership might include the Provincial Secretary, the Minister of Education, and the Lieutenant-Governor.

There can be no question in the minds of any regarding the importance of this problem, a problem that has not received the attention it should have in past years. The increase in the number of feeble-minded adults in Canada is becoming very serious, and we trust the Government will not let up in their present efforts until the subject is properly disposed of.

# Personals

Dr. A. MacGilvary Young has been elected Mayor of Saskatoon.

Dr. Harley Henderson has opened an office at 102 College Street for the practice of ophthalmology.

Dr. Lewis Hunt, formerly of Halifax, has been elected Mayor of Richmond, England.

Dr. Weldon has left Mace's Bay to take over the practice of Dr. Johnson at Grand Harbour, Grand Manan, N.B. Dr. Johnson has gone to the Front.

Dr. G. C. Heyd, son of Mr. L. F. Heyd, K.C., Toronto, has been appointed Professor of Surgical Anatomy at the New York Post-Graduate Medical School.

Dr. C. A. Temple has received the appointment of Medical Officer to the 8th Artillery Brigade, with the provisional rank of Captain.

Dr. Brock, a practising physician at West Lorne, and one of the most prominent men in Elgin county, died very suddenly in his office on January 26th. Dr. Brock had been a coroner for a number of years.

Dr. E. H. Young, late of Rockwood Hospital, Kingston, has been promoted to the position of Assistant Superintendent of the Hospital for the Insane, London. Dr. W. K. Ross, of the Hospital for the Insane, London, has been transferred to Rockwood Hospital, Kingston.

# Obituary

Dr. G. Chevalier recently died at Montreal. He formerly practised at Bedford, Que.

Dr. P. James Pidgeon, Perce, Gaspe, died on November 26th, at the age of forty-seven.

Dr. Augustus F. Schmidt, Montreal, died suddenly on December 7th.

Dr. John Wiley died at Fort Fairfield, Me., on November 24th, in his sixty-first year.

Dr. Alexander Douglas Struthers, Bedford, Que., died on December 2nd, aged sixty-six.

Dr. William Roe died at Rochester, N.Y., on November 28th. Dr. Roe was born near Wingham, Ont.

Dr. H. L. Foster, Reed City, Mich., died on November 13th. Dr. Foster was born at Waterford, Ont., in 1857.

Dr. Algernon E. Woolverton, Hamilton, died at Florence, Italy, on December 8th.

Dr. John E. King, Anamosa, Iowa, died on November 12th. Dr. King was a Canadian by birth and was born at St. Thomas fifty years ago.

Dr. R. G. C. Kelly, Watford, Ont., died suddenly on December 11th. Dr. Kelly was about forty-five years old and had been in practice for some time at Watford.

Dr. Eugene Gregoire Quesnel, Ottawa, died at Alfred, Ont., on November 24th. Dr. Quesnel was born at Alfred in 1868, obtained his B.A. from Toronto University and subsequently entered upon the study of medicine at Laval University, where he graduated in 1895.

## J. S. NIVEN, M.D., VETERAN LONDON PHYSICIAN, DEAD

Dr. J. S. Niven, one of London's oldest and best known physicians, died on January 25th of pneumonia, aged sixty-eight. He was a former alderman and an ex-chairman of the board of health. He was the father of Major Hugh Niven of the Princess Pats, who has won fame at the front. Dr. Niven was born at Chrome Hill, Lanbeg, Ireland, and was a medical graduate of Dublin University. He was a fellow and associate member of the Royal Colonial Institute.

## The Physician's Library

*Bandaging.* By A. D. Whiting, M.D., Instructor in Surgery at the University of Pennsylvania, Surgeon to the Germantown Hospital. Illustrated. Philadelphia and London: W. B. Saunders & Co., 1915.

This book will be found useful, not alone to beginners, as the author modestly puts it, but to lots of practitioners who desire to brush up on bandaging, particularly Velpeau's Bandage, Spiral Reverse of the Thigh, the Boston Y Bandage, the Bisaxillary Cravat, the Bracheo-Cervical Cravat, and the Thoracico-Scapular Triangle. The author strongly recommends muslin bandages for beginners instead of gauze. The illustrations are good and exceedingly helpful.

---

*Infection, Immunity and Specific Therapy, with Special Reference to Immunologic Technic.* By John A. Kolmer, M.D., Dr.P.H., Instructor of Experimental Pathology, University of Pennsylvania, with an introduction by Allen J. Smith, M.D., Professor of Pathology, University of Pennsylvania. Cloth, 899 pages, with 143 original illustrations, 43 in colors. $6.00 net; half morocco, $7.50 net. Philadelphia and London: W. B. Saunders Company, 1915.

This book may best be described when we say that the author has successfully carried out his frankly stated and threefold purpose: 1. To give students and practitioners a concise method of the manner in which the body may be infected, and how the organism tries to protect itself against infection, and to present the application of this diagnosis and treatment. 2. To give laboratory workers a safe guide. 3. To outline a labora-

tory course in experimental infection and immunity. These objects have been accomplished and a veritable gold mine of scientific information is presented.

---

*Diagnostic Symptoms in Nervous Diseases.* By Edward L. Hunt, M.D., Instructor in Neurology, College of Physicians and Surgeons, New York City. Cloth, 229 pages, illustrated. $1.50. Philadelphia and London: W. B. Saunders Company, 1914.

The object of this book is to bring out the salient features of the various diseases of the nerves in order that the seeker after knowledge should not be compelled to read so much to gain the information desired. As a manual it is a decided success, as it brings out the leading symptoms and omits everything which is not actually essential in diagnosis.

---

*The Principles of Pathologic Histology.* By Frank B. Mallor, M.D., Associate Professor of Pathology, Harvard Medical School, and Pathologist to the Boston City Hospital. Octavo of 677 pages, with 497 figures containing 683 illustrations, 124 in colors. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.50 net.

Pathology has come to occupy such a prominent part in the consideration of cause of diseases and their care that this book most likely will supply a long-felt want. An accurate conception of pathology of any tissue *en masse* can only be acquired by an intimate and thorough knowledge of the changes in its cellular composition. The purpose of this book is to supply such a knowledge of pathologic histology that comprehension of lesions fully or partially developed become plain.

# The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXXIX. TORONTO, APRIL, 1916 No. 4

## Editorials

### COCAINE AND THE MEDICAL PROFESSION

ONLY a few short weeks ago, the third of Toronto's medical practitioners was convicted in the Police Court for the illicit sale of cocaine, and thereby a blot has come upon the fair escutcheon of Medicine in Canada. The land that has kept *par excellence* a zealous watch over immigration, and has been honored for its integrity in banking and its speedy execution of justice, must not let the insidious habits of effete foreign cities smirch its reputation or undermine its welfare. The cocaine problem is here. The need of solving it is very pressing and the menace is appalling. We should organize immediately to wipe out the danger and instil its terrors into all minds for the sake of the future. Anyone who knows the awful ravages cocaine can produce in one human being and his family, through illness, deceit, sorrow and financial loss, should fight it as he would fight fire, with all the training and weapons he possesses.

*How can any educated man take advantage of his noble profession as a cloak for the furtherance of such an evil?* Education is supposed to whet the sensibilities, to cultivate altruism, to train us how to face existing social evils, to help our fellow men better. When a shivering, trembling wretch, useless now as an employee anywhere, because his will is gone, comes to beg for "coke," or "dope," as it is named, how can he be best helped back to manhood? The physician should feel nothing but stern indignation at being suspected of willingness to prescribe cocaine for internal use. After a correct diagnosis, and as accurate a history as a liar can give, for "dope fiends" are invariably liars, the law should permit the physician to turn the man over to the police just as he would any other would-be suicide, to be held in custody and to be sent to a hospital for curative treatment. It is no easy "cure" to administer, for the cocaine habit. The victims of this habit will commit any crime to get the drug, and are so maddened by being deprived of the large doses to which they have gradually worked up that they can easily elude the most vigilant of jailers. *Sympathy! What a cloak for crime!* How many misdeeds are committed in thy name! Abortionists and cocaine sellers should be classed together, because both commit crimes, frequently out of mistaken sympathy.

There are ways to eradicate this evil: (1) To punish, by depriving of his license for even the first offence and forever, any physician or pharmacist convicted of trading in cocaine illicitly; (2) to head

off this vile article by the government taking control of the trade and watching the ports of entry; (3) to substitute other local anesthetics when possible, in order not to give any person his first pleasurable sensations from the use of the drug; (4) to train the officials in prisons and reformatories in modern methods of detecting and stopping its use; (5) to give public school teachers an insight into its symptomatology, so that they, too, may be helpful detectives; (6) to inaugurate a widespread campaign by lectures and literature, illustrated copiously, to inform the common people of its terrible effects; (7) to repeat no prescription containing any narcotic, etc., as one of the ingredients without special instructions from the medical attendant.

The men at present handling this fiendish drug as "Dope" care only for the almighty dollar, and actually employ agents to teach young boys its use by giving them the first few doses so that they may become permanent patrons, thus building up a frightful future for themselves, their family, and their country.

The Ontario College of Physicians and Surgeons is our Court of Appeal in this crisis, and we beg them most earnestly to deprive any physician permanently of his license who is found guilty of selling this drug illicitly. Cocaine selling is the worst breach of the Hippocratic Oath. The College has this power, and now is the time to strike. The members of the College are men chosen for their probity, skill and fitness to assume responsibility. We hope that they

will take strenuous action as befitting the case in hand. For this worst of all social cankers, since it sometimes begins with children, it is no remedy to take away a physician's license for the second or third offence. To do so has simply given him a chance to carry on an open trade, and when it has been established, he and his known customers can easily make more secret arrangements. But by removing the license at once on conviction many men will pause, since they will never know who is a real customer and who is a detective in the guise of a victim of the habit. A special detective service should be maintained by the Medical Council for ferreting out this frightful evil.

---

## CANADIAN DOCTORS AT THE FRONT

The progress of the awful world war now waging in Europe has brought into play all the instruments of science that human ingenuity can devise. Never before were medical men given such a prominent place, never before did physicians place themselves so conspicuously in the zones of shrapnel and shell as now. Formerly, their place was at the rear, where the wounded were brought to them, but now their course is towards the wounded, knowing that saving time means saving lives. But not only do we compare our new methods with those of other days. We compare them with those employed by the enemy. Their science and skill and ingenious device have but one

deadly bent, to destroy and maim, not only now but forever, the virility and brawn of England and its colonies. The sharpshooters snipe all officers, and the prisoners are treated in an unmentionable manner, according to private dispatches, all pointing towards the colossal dream of a perverted brain, to destroy a race. But this is impossible. There are vast resources to fall back upon, and we can proudly say that the strength and brain of our scientific men will be directed towards saving lives and building up maimed bodies regardless of race or creed.

The loyalty and dash of the Canadians and other colonials have been somewhat of a surprise to neutrals who had a vague idea that we were in duty bound to assist England, maybe a little reluctantly. But this war has forever dispelled that foolish delusion. Our boys at the front pay a heavy price, however, and so do their dear ones at home, since the special hatred of the enemy has been plainly directed to the sons of Albion, who are affectionately obeying the same instinct which they themselves drill into their own children from birth.

All through United States are groups of Canadian families, large or small, and single business men and women, who meet unostentatiously, and discuss the war, send supplies and compare letters and papers from "Home." Every doctor at the front carries with him the good wishes and prayers of his fellow-students, relatives, patients, his hospital staff of colleagues and nurses, an immense and ever-widening circle of good cheer.

# Canadian Journal of Medicine and Surgery

## Editors


**Surgery:**

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

**Clinical Surgery:**

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

**Orthopædic Surgery:**

B. E. MCKENZIE, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association. W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto.

**Militia and Naval Medical Services and Ambulance:**

J. T. FOTHERINGHAM, M.D., Lieutenant-Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator CHAS J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

**Medical Jurisprudence and Toxicology:**

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

**Hospital Administration:**

MISS AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

**Pediatrics:**

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

**Medicine:**

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

**Clinical Medicine:**

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

**Mental and Nervous Diseases:**

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Gynecology and Obstetrics:**

B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

**Pathology:**

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

**Ophthalmology:**

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear:**

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

**Dermatology:**

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

**Managing Editor:**

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.



Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

*Reprints supplied at Net Cost*

# Original Contributions

## TREATMENT OF CLUB-FOOT

BY B. E. M'KENZIE, B.A., M.D., F.A.C.S.

By those who treat this deformity it is occasionally asserted that there is nothing more to be said; that the treatment is "standardized." In the last year, however, I have heard three addresses or papers which make it manifest that there is much room for improvement. Since the year 1888 I have personally treated more than one thousand cases, varying in age from infancy to 48 years. As the result of close observation and of keeping in touch with many of these patients I hold some very firm convictions which are at variance with teaching and practice not infrequently advocated.

### Pathological Anatomy.

I shall confine myself almost entirely to a discussion of the treatment, pointing out, however, that we deal with a compound deformity:

(1) There is a condition known as *equinus;* that is, the heel is held up much nearer to the posterior aspect of the leg than is normal, by the contractured condition of the calf-muscles. This element of deformity is in the relationship of the foot to the leg.

(2) *Varus.*—This is a deformity of the foot *per se,* and would be observed even if the foot were disarticulated from the leg. It consists in the deflection inward of the part of the foot in front of the mid-tarsal joint. It therefore implies a concavity at the inner border of the foot, and shortening of all of the structures—cutaneous, fascial, ligamentous and osseous, of the medial aspect.

(3) *Supination.*—This term implies that there is a rotation about the long axis of the foot, so that the outer border is depressed and the foot rolls over, bringing the dorsum more or less into contact with the ground.

### Treatment.

The fact that the heel is strongly drawn upward by the contractured calf-muscles brings the long axis of the foot pretty



Fig. 1.



Fig. 2. Same child as shown in Fig. 1.

nearly into line with the axis of the leg, and when the foot is placed on a block so that its outer border and the outer portion of the dorsum rest on the block as a fulcrum, the hand of the surgeon can so press as to exert a strongly corrective force, tending to straighten the foot at the mid-tarsal joint. One structure now causing a marked hindrance is the plantar fascia, which may readily be cut subcutaneously just in front of the inferior tubercle of the os calcis. As much correction as can be readily



Fig. 3. A man 29 years of age.



Fig. 4. Same man as shown in Fig. 3.



Fig. 5. A man 30 years of age.



Fig. 6. Another view of man shown in Fig. 5.



Fig. 7. Same man as shown in Figs. 5 and 6.



Fig. 8. Same man as shown in Figs. 5, 6 and 7.

made thus should be retained for two weeks or more by plaster-of-paris dressings. Further correction and retention as may be necessary.

### A Mechanical Error.

Cutting the tendo-Achillis as the first step in the operation is an error from a mechanical standpoint—one which interferes



Fig. 9.



Fig. 10. Same man as shown in Fig. 9.

very greatly with the successful correction of the varus. By doing so and forcing the heel down the long axis of the foot is brought to a position at right angles to the axis of the leg, and we are then deprived of the opportunity to exert advantageously the corrective force just referred to. Whether one manipulation and dressing so made is sufficient or whether several be required, the varus should in the end be fully corrected before proceeding to another stage in the treatment. Experience and observation

must teach the surgeon how much force may be safely exerted. He must stop short of force which will cause sloughing.

At each manipulation and dressing to correct varus, replacement of the supination will be effected also; so that when this part of the work has been successfully accomplished, the foot *per se* will be in its normal shape and the only element of the original deformity remaining is the equinus.



Fig. 11. A man 47 years of age.



Fig. 12. Same man as shown in Fig. 11.

## Correction of the Equinus.

In a small proportion of cases in children the calf-muscle contractures may be overcome by manipulation and retentive dressings; but doing so generally implies time and labor lost. The tendo-Achillis should be cut subcutaneously and the equinus overcome.

### Time Required for Treatment.

The ordinary club-foot, whether in a child or an adult, can be fully corrected in the above manner in a period varying from six weeks to three months, so that there shall be no scar visible.

### Exceptions.

In a very small proportion of patients—not more than 5 per cent. in children nor more than 10 per cent. in adults—operative



Fig. 13. A man 40 years of age. Showing apparatus to aid him in walking.



Fig. 14. Showing same man as in Fig. 13.

procedures more radical may be necessary. If so, it is never necessary to do more than excise a wedge of bone from the outer aspect of the border and dorsum. All incisions made upon the inner aspect of the foot, opening up and leaving a gap through correction of the varus leave a cicatrix which is highly objectionable.

### Treatment in Children.

Operative work by the surgeon and retention in any form of dressing or splint in children under one year or thereabout is to be deprecated. The first year of life is the one of most marked growth that the individual will ever experience. A deformed foot is always one that is behind its fellow in size and development. Pressure upon the structures of the foot and



Fig. 15. Showing a man 27 years of age.



Fig. 16. Showing same man as in Fig. 15. Showing bending at the ankle.

leg, by bandaging or any form of splint, brings about a measure of blood starvation, and consequently lessens the growth and development of a part which is already below normal. On the other hand, manipulation carried out during the first year of life increases the blood supply and consequently aids in the much-needed further development of the limb. Hence the mother or nurse should be shown how to manipulate the foot

daily, laying emphasis upon the correction of the *varus* element of the deformity, warning her that she need not look for permanent correction, but assuring her that she is preparing the way for a much more speedy and effective correction later by the surgeon. If anything in the way of time-saving or because of any failure to carry out the correction perfectly can be shown to result from such delay, then the delay in the way of positive surgical treatment during the first year of life can not be justified. I have followed both methods, however—that of early retentive dressings and that here advocated—and now I refuse to employ the former method. The retention of the correction, so as to prevent relapse, is effected chiefly by the natural walking of the child, and as the child ordinarily will not walk before its second year, there can be no necessity in having the correction made until the walking of the child can be employed for that purpose. If bandages or braces be employed in the first weeks or months of infancy, they must be continued until the time arrives when the child can walk; thereby great injustice is done in hampering the development of the leg and foot. The evidence that the child is about to walk shortly should indicate the time when the surgeon should adopt active measures to correct the deformity. Previously the mother or nurse should have been duly instructed how to manipulate the foot constantly and vigorously. In the less pronounced cases a period of six weeks or two months is sufficient for the active work in correcting the deformity; for the worst type of cases in children, a period of three or four months is sufficient.

### Treatment of Adults.

A little less than 4 per cent. of all cases treated have ranged from 12 to 48 years of age. The principles of treatment do not vary from those enunciated above, and commonly speaking, the time required is not greater, nor is there much more necessity for cutting procedures. The important distinction between correcting the deformity in the adult and in children consists chiefly in two things:

(1) Greater force must be employed, and a wrench, adapted to the purpose, may be used.

(2) Function will not be regained as completely as in children. Under 10 or 12 years of age, however, one should expect very excellent results, both in form and function.

### Prevention of Relapse.

Very simple shoes, correctly built, should be worn in the daytime. In all my personal experience I have never employed a steel brace for these patients while walking. The time when relapse occurs largely is at night. Many patients can not be made to



Fig. 17. Showing a simple night brace used to prevent relapse.



Fig. 18. A shoe for right foot effective to prevent relapse.

realize the importance of caring for the child while in bed; yet this is exactly the time when the foot drops down toward its original position and when the bed clothes become a factor in further increasing the deformity. The cuts shown will illustrate the simplest form of shoes for day use and the simplest and most effective brace for use at night.

### Criticism.

Methods sometimes employed, but which should be condemned:

(1) Surgical treatment of children under (about) one year.

(2) Cutting the tendo-Achillis as the first step of the operation.

(3) Open incision to cut tendons or fasciæ.

(4) Open incision of any kind at the inner aspect of the foot.

(5) Bone operations (to be deprecated in 95 per cent. of all cases).

(6) Neglect of a proper shoe and of a proper night brace to prevent relapse.

(7) The use of any metal day-brace, as it is not necessary if complete correction has been made and if a proper shoe is worn.

12 East Bloor Street, Toronto.

# Society Proceedings

## ACADEMY OF MEDICINE, TORONTO

The regular Academy meeting for March took place in the Mining Building, College Street, Toronto, on Tuesday, March 7th.

President Dr. W. H. B. Aikins entertained about seventy-five Fellows of the Academy at dinner at the York Club before the meeting, and the affair was in every respect delightful. Among the guests were Sir John Hendrie; Dr. Jamieson, M.P.P., Speaker of the Ontario Legislature, and Dr. J. A. Fordyce, Professor of Dermatology, Columbia University, New York.

At the meeting Dr. Fordyce delivered an exceedingly interesting address on "The General Pathology and Treatment of Syphilis" with a lantern demonstration. The address was delivered without manuscript and was very freely illustrated with some of the finest lantern slides that the Academy have ever seen, showing syphilis in its different manifestations. The attendance was one of the largest in the year and the President is to be congratulated in every way upon the way in which he discharged his duties as presiding officer.

The Section of Medicine met as usual on Tuesday, March 14th. Among those who delivered short addresses were Drs. F. A. Clarkson, N. R. Naylor (by invitation), W. H. B. Aikins, M. H. Haight and G. W. Ross. Chairman Dr. W. B. Thistle presided.

The Section of Surgery convened on March 21st. The meeting was a particularly good one, the speakers including Drs. N. A. Powell, C. L. Starr and G. Silverthorn. Dr. J. Milton Cotton occupied the chair.

## ACADEMY OF MEDICINE, TORONTO

The regular monthly meeting of the Section of Medicine was held on January 11th, with Doctor Thistle in the chair.

Dr. J. H. Elliott read a paper on the dangers of aspiration of pleural effusions. A patient was exhibited to illustrate the points in Doctor Elliott's paper. This patient had been admitted to hospital while suffering from a pleural effusion. 2,500 c.c. of fluid were removed, and the next day the patient was found to have a pneumothorax. Other cases were then cited to show the manner in which a large aspirating needle may do damage and cause such conditions as pulmonary edema, hemorrhage, and pneumothorax. Dr. Elliott, himself, was in the habit of using a medium sized aspirating needle with a rubber tube long enough to hang over the edge of the bed. He usually considered that enough fluid had been withdrawn when drops would no longer come on raising the end of the tube to the level of the patient.

Dr. Thistle thought that the patient exhibited may have received benefit from the accidental production of the pneumothorax as she was suffering from a tuberculous pleuritis.

Dr. H. B. Anderson corroborated the dangers of aspiration as pointed out by Dr. Elliott. He also pointed out the uncertainty in the reading of chest radiographs, and asked for an interpretation of certain shadows lateral to the sternum in the plates which had been exhibited.

Dr. John Oille next presented a case of auricular fibrillation, and emphasized the difference between this condition and auricular flutter. He pointed out how digitalis sometimes converts flutter into fibrillation, and briefly described the pathology of these conditions.

Dr. J. H. W. Barnett reported a recent case of cerebrospinal meningitis. A cold in the head and a chill were the first symptoms. The fluid from a lumbar puncture was turbid and from it was isolated an intracellular Gram-negative diplococcus. Photophobia, retraction of the head and Kernig's sign were present; 400 cc. of serum were given intraspinally over a period of twelve days. On the tenth day the head retraction and Kernig's sign were almost gone. The patient was still under treatment. At the end of three weeks the pulse and tem-

perature were normal but the spinal fluid was still opalescent and the cell count 1400.

Dr. Oille pointed out that in thirty cases in the General Hospital, last year, all of those which had a cell count above 10,000 had died. He stated that the polynuclear cells fell early and were replaced by lymphocytes.

Dr. Thistle pointed out the difficulty in deciding the point at which the injections should be discontinued. He thought that the condition of the spinal fluid should be the determining factor.

Dr. Gordon Bates reported several cases of syphilis. The first group cited was that of syphilis of the nervous system. He had treated these three years ago with salvarsan and had secured a negative Wassermann test. Other groups were then mentioned to illustrate the effects of the salvarsan treatment. One particular case cited showed a negative Wassermann test in the blood and spinal fluid four days before death which occurred one week after the onset of marked tabetic symptoms.

Dr. Thistle stated that lately he had lost faith in salvarsan for the treatment of tabes and that it was interesting to hear of Dr. Bates' good results.

Dr. H. B. Anderson asked Dr. Bates to describe the period between the injection of the salvarsan and the appearance of the tabetic symptoms in the case cited.

---

## ONTARIO MEDICAL ASSOCIATION

The programme for the Annual Meeting of the Ontario Medical Association, which takes place at Toronto, May 30th to June 2nd, is well in hand, and although some details have still to be completed, we are able to give a provisional outline of the discussions and papers which have been arranged.

The address in Medicine will be given by Dr. Elliott P. Joslin, of Boston, on the "Treatment of Diabetes." A symposium on the Rôle of the Mouth, Throat, Nose and Accessory Sinuses in Disease has been arranged, in which Doctor Goldthwait, of Boston, Dr. Weston Price, Cleveland, Doctor Wishart, Toronto, and others will take part. Doctor Percy will give the address in Gynecology.

Owing to the increasing problems presented by the war, in its medical aspects, a meeting of military medical officers will be held.

Sectional meetings will be held in Medicine, Surgery, Obstetrics and Gynecology, and Eye, Ear, Nose and Throat. A large number of papers have been arranged for the Medical Section, including "Treatment of Pneumonia," by Dr. Solomon Solis Cohen; "Neurosis in Returned Soldiers," by Dr. G. Howland; "Effects of Gases on Soldiers," Doctors Elliott and Tovell; "Typhoid Inoculation," Dr. George Porter; "Tuberculosis," Doctor Parfitt; "Cerebro-Spinal Meningitis," Captains Fitzgerald and McClennahan; "Canadian-made Drugs," Professor Blackader, Montreal; "The Wassermann Reaction in Relation to Diagnosis and Treatment of Syphilis," Professor Connell, Kingston; "Duodenal Feeding with Tube," Doctor Cleaver, New York; "Treatment of Lues in Children," Dr. George Smith; "Treatment of Cancer," Dr. W. H. B. Aikins; "Pernicious Anemia," Dr. Chas. Mackay, Seaforth. Papers have also been promised by Major J. W. S. McCullough, Dr. Alan Brown, Doctor Campbell, Napanee.

In Surgery there are papers on "Appendicitis," by Dr. M. O. Klotz, Ottawa; "Gall Stones," by Doctor Olmsted, Hamilton; "Pyloric Stenosis in Infants," by Dr. W. E. Gallie, Toronto; "Fractures," by Dr. G. M. Rogers, Ingersoll; "Intestinal Obstruction," by Dr. H. A. Bruce, Toronto; "Renal Calculi," by Dr. W. W. Jones, Toronto; "Transfusion," Dr. C. L. Starr, Toronto; "Conservative Surgery in Injuries of the Hand," Dr. N. A. Powell; "Intussusception," Dr. F. N. G. Starr; "Perforated Ulcer of the Greater Curvature," Dr. J. K. McGregor, together with papers by Drs. G. A. Bingham, Toronto, W. T. Parke, Woodstock, and others.

The Eye, Ear and Nose Section has invited Dr. Justus Matthews, of the Mayo Clinic, and he is giving a paper on "Tonsillectomy, with its General Results." There are also papers by Dr. E. Boyd, on "Foreign Bodies in the Esophagus"; "Treatment of the Blind after the War," by Dr. B. C. Bell; "Orthodontia in its Relation to the Nose and Throat," by G. W. Grieve, D.D.S., and a paper by Dr. James McCallum.

The Section in Gynecology and Obstetrics is not yet complete; but Doctpr Percy, Dr. W. H. Weir, and Dr. J. H. Morgan have promised contributions.

As will be seen by this brief outline, there is a wealth of material to be discussed, and many papers by men of wide reputation. We trust later to announce the programme and arrangements more fully.

---

## TORONTO VARSITY SUMMER SESSION

Fourth year medical students of Toronto University will attend a Summer Session from May 1 until November 30, and there will be no fifth year course in Medicine during the next academic year, according to the recommendation of the Faculty of Medicine, which was approved by the Senate of the University. The session for students who desire to graduate in November, after completing their fourth year at the end of April, will last for twenty-six weeks. The men will have only four weeks' holidays between the close of the present term and the opening of the special session, which will qualify them to graduate and to accept responsible positions in the various Hospital Units which will represent Canada's medical contribution. There will be approximately sixty men who will attend the special Summer Session, representing the remnant of the class of '17.

Queen's University will take a similar step, it is understood, but will have the Summer Session for students of the second, third, fourth and fifth years, and will keep its Medical Faculty in session continuously until the end of the war. Of the present graduating class of Queen's Medical School, twenty-five men will apply for commissions in the Medical Services as soon as they graduate in April.

# Militia and Naval Medical Services and Ambulance

Capt. (Dr.) Bethune, Hamilton, is attached to the Manor Hospital.

Lieut.-Col. D. W. McPherson is now attached to the Barwood Hospital.

Col. (Dr.) Wallace Scott, Toronto, is now attached to the Moore Barracks Hospital.

Col. (Dr.) Casgrain, Windsor, Ont., is now in charge of the Bushey Park Hospital, which a few months ago was handed over by His Majesty.

Major (Dr.) Alexander McKenzie, who left Toronto as Chief Physician to the 48th Highlanders, and Capt. (Dr.) Bryce McMurrich, are now attached to the Moore Hospital at Shorncliffe.

Capt. W. E. Struthers, Medical Examiner, Workmen's Compensation Board, has received the appointment as Medical Officer to the 216th Battalion.

Major (now Lieut.-Colonel) (Dr.) Perry Goldsmith, 84 Carlton Street, returned to Toronto on leave on February 17th and took advantage of a well-deserved rest for a couple of weeks, returning recently to his work as second in command at the Canadian Eye and Ear Hospital, Folkstone, England. Dr. Goldsmith gave us a most interesting account of his experiences at Boulogne, LeTreport and latterly at Folkstone. Lieut.-Col. Goldsmith has certainly done splendid work.

## TORONTO ARMY MEDICAL CORPS

The officers of the Toronto Army Medical Corps' Mess had their annual dinner at the Prince George Hotel, Toronto, on March 2nd, when one hundred were present. Lieut.-Col. P. G. Goldsmith and Capt. T. H. McKillop, D.S.O., were the principal speakers of the evening, both having recently returned from active duty at the Front.

## PROMOTION OF MAJOR GOLDSMITH

We extend our congratulations to our esteemed collaborator, Dr. P. G. Goldsmith, on his promotion to a Lieutenant-Coloneley. Dr. Goldsmith is one of the Medical Officers who heartily deserve this recognition, he having been on Active Service almost since the commencement of the War, having relinquished a very large and lucrative practice to "do his bit" for the flag.

## DR. C. E. COOPER COLE WOUNDED

Word was received a short time ago that Dr. C. E. Cooper Cole, who for years practiced on Church Street, and was Medical Officer with Princess Patricia's Regiment, has been wounded. Capt. Cole enlisted with No. 1 Clearing Hospital at the outbreak of the War. At Valcartier he was transferred to another Medical Unit, and in England was attached to No. 2 General Hospital and went to La Touguet, France. Last June Dr. Cole was transferred to the Princess Patricia's Regiment. He is a Toronto boy and graduated from the University of Toronto.

## QUALIFYING FOR COMMISSIONS IN THE R.A.M.C.

The following are some of the Toronto Doctors who recently enrolled in the new School of Instruction for Doctors who are desirous of qualifying for commissions in the Army Medical Corps: Drs. J. G. Wishart, R. W. Mann, M. H. V. Cameron,

H. D. Ball, A. S. Moorehead, H. G. Joy, W. M. Ecclestone, H. G. Hargreaves, G. A. Duff, W. A. Cardwell, W. A. Bun, F. M. McPhedran, F. C. Harrison, J. H. Elliott, C. B. Shuttleworth, C. A. Langmaid, W. H. Pepler, G. Linscott, G. W. Howland, G. W. Graham, W. C. Gilbert, J. D. Loudon, J. M. Baldwin, B. L. Geyatt, J. K. Mossman, G. A. McPherson, A. A. Parker, and J. M. Livingston.

## ASSISTANT SUPERINTENDENT OF TORONTO GENERAL HOSPITAL

Dr. Howard Black, who graduated from Toronto University a year ago and has since been a house surgeon at the General Hospital, has been appointed Assistant Superintendent on the recommendation of the Superintendent, Dean C. K. Clarke. Since Dr. Alfred Haywood, former Assistant Superintendent, left for the front as Medical Officer of the 3rd Battalion, the vacancy has been filled in turn by Dr. F. O'Connor, Dr. Lewis and Dr. Charles Clarke. The latter left for Boston recently to take further post-graduate work.

The new Assistant Superintendent is twenty-nine years old and was born at Stroud, Ont. He received his early education at Barrie and came to Toronto about ten years ago to continue his studies at the University.

## PERSONALS

The announcement that appeared recently in the newspapers that Lt.-Col. J. A. Roberts, C.O. No. 4 General Hospital, now at Salonika, has been promoted to be General, is erroneous.

Dr. A. Brodey, M.A. (Tor.), 43 Cecil Street, Toronto, announces his intention of doing clinical laboratory work, including especially blood-tests in syphilis, gonorrhea, etc., tests preliminary to transfusion, bacteriological investigations, tissue pathology and the newer quantitative micro-colorimetric determinations in blood serum (sugar, uric acid, cholesterin, etc.).

## The Physician's Library

*Text-Book of Nervous Diseases, for the Use of Students and Practitioners of Medicine.* By Charles L. Dana, A.M., M.D., LL.D. Eighth edition. One volume of 642 pages, octavo, illustrated by 262 cuts and four plates in black and colors. Muslin, $4.25, net. William Wood & Company, Publishers, New York.

For twenty years or more, the name of Dr. Chas. L. Dana has been associated with neurology, so that it is easily understood why the different editions of "Dana's Nervous Diseases" have in each instance been sold out in but a short time. It must be most gratifying to any author to be called upon to revise a text-book eight times in less than twenty-five years. The eighth edition is undoubtedly one of the best, having been largely rewritten and at the same time condensed. In a word the author has brought the volume thoroughly up to date. Many of the illustrations are particularly clear, especially those showing: (1) Left Lingual Hemiatrophy, (2) A Patient with Left Facial Palsy trying to close both eyes and show the teeth, (3) Spinal Puncture, (4) Reynaud's Disease, (5) Juvenile Type of Progressive Muscular Dystrophy, and others.

---

*A Manual of Surgery for Students and Physicians.* By Francis T. Stewart, M.D. Fourth edition. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa.

To review this manual has afforded a genuine satisfaction and pleasure. The author's presentation of the principles of surgery is the most clear, concise and satisfactory that I have read since Nicholas Senn wrote his book on that subject, about twenty years ago. The most frequently occurring conditions and affections are sufficiently elucidated to afford full and exact

information for practical work; while even less familiar and less generally known conditions and requirements are not overlooked. As an instance of the latter the index will refer the surgeon to such subjects as spondylolisthesis, nerve, tendon and bone transference, Madelung's deformity, Marie's disease, Achillodynia, acetonuria, ainhum, ischemic-myositis, and many other rare affections which it is important that the surgeon should be able to refer to conveniently.

As a manual the book is worthy of all praise. In the subjects discussed it is full and yet concise; its language is perspicacious; the proof-reading is carefully done; the illustrations well chosen but not sufficiently numerous. In no part is the book sufficiently full for the specialist, but it is worthy of high commendation as a compendium for the student and general surgeon. B. E. M.

---

*Encyclopaedia Medica,* second edition. Under the general editorship of J. W. Ballantyne, M.D., C.M., F.R.C.P.E. Vol. II. Aspiration to Chlorodyne. Edinburgh and London: W. Green & Son, Ltd. 1915.

Among the contributors to the second volume of this splendid work we find such men as Dr. D. C. Watson, of Edinburgh; Dr. G. A. Berry, of Edinburgh; Sir Patrick Manson, of London; Dr. Alexander Goodall, of Edinburgh; Prof. H. A. Thomson of Edinburgh Infirmary; Dr. D. W. Thorburn, of the University of Manchester; Prof. J. S. R. Russell, of University College, London; Dr. Robert Saunby, of Birmingham; Dr. P. Williams, of British Royal Infirmary, and Mr. A. H. Tubby, of Westminster Hospital, London. The articles included in Volume II include those from "Aspiration" to "Chlorodyne." Some are of very considerable merit, particularly those by Mr. A. H. Tubby on Injuries and Diseases of Bursae; those dealing with Tumors of The Brain, Atrophy of The Brain and Surgery of the Brain, by Drs. Risien Russell, R. A. Fleming and J. M. Cotterill; and the four contributions on Clinical Investigation, Deformities, Injuries and Surgical Diseases, Medical Affections of the Chest; three from the pen of Dr. F.

D. Boyd, of Edinburgh Royal Infirmary, and the one on Injuries and Surgical Diseases of the Chest, by Professor H. Alexis Thomson, Professor of Surgery, Edinburgh Royal Infirmary.

---

*A Text-Book of Pathology.* By Alfred Stengel, M.D., Sc.D., Professor of Medicine, University of Pennsylvania; Physician to the Pennsylvania and to the University Hospitals; and Herbert Fox, M.D., Director of the Pepper Laboratory of Clinical Medicine, University of Pennsylvania; Pathologist to the Philadelphia Zoological Garden. Sixth edition, reset, with 468 text illustrations, many in colors, and 15 colored plates. Philadelphia and London: W. B. Saunders Company, 1915.

This book gives in a clear and concise form the essentials of pathology. It is particularly well suited not only to the medical student, but also to the practising physician who wishes to correlate the clinical and pathological conditions.

---

*Diseases of Infants and Children.* By Henry Dwight Chapin, A.M., M.D., Professor, Diseases of Children, New York Post-graduate Medical School, etc., etc.; and Godfrey Roger Pisek, M.D., Sc.D., Professor, Diseases of Children, New York Post-graduate School, etc., etc. New York: William Wood & Co., 1915.

The third edition of this work bears the fruit of a riper experience and results of much laboratory research. As we said in the review of the first edition, the chapters on milk and general feeding of infants alone are worth the price of the work, viz., $3.25. The student will be much interested and enlightened by the chapters, tablets on diet in infancy and childhood, and the busy practitioner get excellent advice from the suggestion, feedings of infants in health and disease. We all know how difficult at times during and after acute disease in children it is to map out an acceptable and correct diet. This book contains such dietary lists not to be found in any work we

know of. The whole work is excellent, paper, printing, binding and illustrations being quite up to the standard William Wood & Co. have always presented their books. We can safely commend this work to the profession. A. B.

---

*Alveolodental Pyorrhea.* By Charles G. Bass, M.D., Professor of Experimental Medicine, and Foster M. Johns, M.D., Instructor in the Laboratories of Clinical Medicine at the Tulane University Medical College, New Orleans, La. Octavo volume of 167 pages, with 42 illustrations. Philadelphia and London: W. B. Saunders Company. 1915. Cloth, $2.50 net.

As will be noticed, the authors prefer the name of Alveolodental Pyorrhea before that of Pyorrhea Alveolaris, as the former designation, which means pertaining to the tooth and socket, most correctly describes the disease.

The book was written on the assumption that the specific cause of the disease is endameba buccalis. Whether the writers make good the claim for this organism must be left to the readers.

The authors take the position that this disease is contagious, and in the book we find the following statement: "Endameba buccalis, the specific cause of pyorrhea, is not known to live and reproduce anywhere in the world except in the mouth and adjacent structures of man. It is 'caught,' either directly or indirectly, from another person who has pyorrhea, by putting more or less saliva and pus-containing endamebae from the infected person's mouth into the mouth of the one who becomes infected."

Under the head of diagnosis we read as follows: "The endamebae are more easily demonstrated in stained specimens than in unstained specimens. The technic for preparing and staining preparations is given on pp. 102, 103, 104. A list of the apparatus and material required for microscopic examination for endamebae is given on pp. 117 and 118."

The treatment of the disease is based on the assumption that the endameba buccalis is the specific cause of the disease. The

methods of administering the different preparations of ipecac are given; also an account of the results obtained. In prescribing a treatment the authors take into consideration the reasons and conditions under which a relapse or re-infection may take place. One of the most important statements in the treatment of the teeth which refers to the removal of redundant tissue occurs as follows: "Cutting away redundant gum that helps to make the pocket ought also very much to facilitate the healing process." The authors show a very careful study of the clinical aspect of the disease when they point out the fact that in order to gain anything approaching permanent results the pockets, produced by the advance of the disease, should be surgically eradicated to prevent reinfection. The writers indicate the fair statement they wish to make for the case when they say: "Since our early publications we have seen a considerable number of cases in which endamebas have reappeared after they had been absent for various periods of time following the use of emetin in one way or another. We have also seen a considerable number of cases in which endamebae have not been eradicated even for a short time by emetin. We know of instances in which endamebae disappeared from individual lesions as a result of local use of emetin after emetin given hypodermically had failed to get rid of them. This all goes to show that the methods of specific treatment now followed fall far short of the ideal, and that further experience should lead to great improvement. No doubt it will be found that there is good in both local and systematic use of emetin at the same time in most cases."

Treating of prophylaxis, the dangerous use of the tooth-pick is pointed out. Warning is given us of the danger of using dental floss by passing it between the teeth, showing how the force required to pass it between the teeth results in a slip which strikes the inter-dental gum, thus wounding it and leaving a break in the continuity of the tissue where infection may take place. An account of the history, etiology and morbid process of the disease is well made out. The line of treatment with ipecac is fully considred, so that one reading this work will be in possession of the facts concerning emetin and pyorrhea up-to-date. R. J. R.

*Diabetes Mellitus. Designed for the Use of Practitioners of Medicine.* By Nellis B. Foster, M.D., Assistant Professor of Medicine, Cornell University, Associate Physician to the New York Hospital. Philadelphia and London: J. B. Lippincott Company.

Diabetes and metabolic disturbances have attracted a great deal of attention during the last few years and the literature on the subject has increased in proportion, but most of it is of such a character that the general practitioner gleans very little from it. In the present volume of 226 pages, diabetes in its various forms is treated not only from the laboratory standpoint, but with the object of giving all the latest views on the pathological, clinical and diagnostic features of the disease and at the same time is eminently practical, and helpful in its dietetic and other treatment. It will be found a very readable and helpful book. W. J. W.

---

*The Health-Care of the Growing Child.* By Louis Fischer, M.D., author of "Health-Care of the Baby," etc. 354 pages, illustrated. Price, $1.25 net; by mail, $1.37. Funk and Wagnalls Company, Publishers, New York.

Dr. Lewis Fischer's book on "The Health-Care of the Growing Child" will be of great value to parents, teachers and others who have charge of children and young people. It is not only interesting, but it is a helpful book. It will be found valuable as a book of reference.

Dr. Fischer's remarks on nervous children, though brief, are good. He deals with the question of diet in a very satisfactory and sensible way. The chapter on exercises is of undoubted value, and the more strictly medical part of the book on children's diseases, on communicable diseases and similar matters, should give the book a place of its own in the library of the parent, school physician, school nurse, and indeed, of any intelligent citizen. One result of the present world war will be that everyone is likely to realize more clearly than ever before the importance of the care of our children.

*Practical Materia Medica and Prescription Writing, with Illustrations.* By Oscar W. Bethea, M.D., Ph.G., F.C.S., Assistant Professor of Materia Medica and Instructor in Prescription Writing, Tulane University of Louisiana, formerly Professor of Chemistry and Professor of Pharmacology, Mississippi Medical College, etc. Philadelphia: F. A. Davis Company, publishers. English Depot, Stanly Phillips. London, 1915.

This is a work of 549 pages. More than half of this is devoted to materia medica, with sample prescriptions and combinations.

Both the metric and our ordinary measures are used. There is a great deal of useful information on prescription writing, with examples of correct and faulty forms.

A chapter deals with the solubility of drugs in water and alcohol, and the various forms of incompatibility.

Besides a good general index there is a clinical index which makes it a very useful book of reference. W. J. W.

---

*Psychanalysis. Its Theories and Practical Application.* By A. A. Brill, Ph.B., M.D. Chief of the Neurological Department of the Bronx Hospital and Dispensary; Clinical Assistant of Psychiatry and Neurology at Columbia University Medical School. Octavo of 337 pages. Philadelphia and London: W. B. Saunders Company, 1912. Cloth $3.00 net.

In this work Dr. Brill gives full expression on Professor Freud's work on psychanalysis. It is a remarkable fact that for the first time Professor Freud makes a pathologic study of dreams. Psychanalysis is the only system of psycho-therapy that deals with the neuroses as entities, instead of treating symptoms, as do hypnotism, suggestion and persuasion. To hypnotize a patient because he suffers from obsessions of phobias is equivalent to treating the cough or fever regardless of the disease of which it is but a manifestation. Hypnotism takes a cognizance of personality, it simply imposes blind obedience

which at best lasts until worn off. Psychanalysis always concerns itself with the individual as a personality and enters into the deepest recesses of the mind. It is for that reason that the results of psychanalysis are most effective; and it is only through psychanalysis that we can hope to gain real insight into the neuroses and psychoses, a thing of prime importance in the study of mental prophylaxis.

Every student of medicine will find the matter of interest in this volume, even though he may not be prepared to give out the numerous suggestions of the practical treatment advised.

---

*Clinical Hematology.* An Introduction to the Clinical Study of the So-Called Blood Diseases and of Allied Disorders. By Gordon R. Ward, M.D., Fellow of the Royal Society of Medicine; Medical Society of London, etc. Octavo of 394 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50 net.

It will be gratifying to those of the profession who are not technical pathologists to find a work on diseases of the blood written from a clinician's point of view. Dr. Ward presents a clinical picture of these diseases that will appeal to the general practitioner. Of course the pathology is not omitted, but the book is not pathologically top-heavy. The descriptive matter is definite and clear and comprehensive. The reader is not presumed to know all about the subject, but he is told in a very pleasing way what he should know. It is a book one can sit down and read with satisfaction.

---

*Serology of Nervous and Mental Diseases.* By D. M. Kaplan, M.D., Director of Clinical and Research Laboratories of the Neurological Institute, New York City; Serologist to the Montefiore Home. First edition, 346 pages. Philadelphia and London: W. B. Saunders Co., 1914.

A systematic study of a subject that has been treated hitherto in an unsatisfactory way. It is a description of methods used and results obtained in a large clinical practice.

Important observations of the many serologists are discussed and the references alone are of much value. No serologist, neurologist or psychiatrist should be without this book. To many others it is not too technical.

The author treats his subject in four divisions: (1) Technology; (2) Serology of Nervous and Mental Diseases of Non-Luetic Origin; (3) Serology of Nervous and Mental Diseases of Luetic Origin; (4) Therapeutic Use of Salvarsan.

---

*A Text-Book of the Practice of Medicine.* By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College, Philadelphia. Twelfth edition, thoroughly revised. Octavo of 1,336 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $5.50 net; half morocco, $7.00 net. Canadian Agent, The J. F. Hartz Co., Ltd., Toronto.

Professor Anders has evidently spent a great deal of time in thoroughly revising his text-book. To compare the first edition with the one now under review would be too difficult a task, as the twelfth edition is now a complete work on the practice of medicine as it is to-day. The author has not hesitated to quote freely from other writers, whether they agree with his views or not, so that the reader has the benefit of more than one opinion. Some of the new material presented in this edition is Acute Anterior Poliomyelitis, Diabetes Mellitus, Complement-Deviation Test in Pertussis, Schick's Text for Antitoxin in Blood in Diphtheria, and Splenectomy in Pernicious Anemia.

---

*Orthopedic Surgery.* By Edward H. Bradford, M.D., and Robert W. L. Lovett, M.D. William Wood & Co.

This excellent work is now appearing in its fifth edition. Since the last edition it has been thoroughly revised and several new and approved matters have been referred to, while certain others have been omitted. For instance, the new treatment of

scoliosis as described by Abbott is included. The work can hardly be recommended for the use of undergraduate students, lacking, as it does, the extensive discussion of principles; neither can it be recommended for reference, where an exhaustive treatise on a subject is required; but for the use of the general practitioner who wishes to have a concise and yet complete text-book on deformities this work is easily the best in the English language. The value of the text is much increased by the profuse illustrations.

---

*The New Psychiatry.* Being the Morison Lectures delivered at the Royal College of Physicians of Edinburgh in March, 1915, by W. H. B. Stoddart, M.D., F.R.C.P., Lecturer on Mental Diseases to St. Thomas's Hospital; late Resident Physician and Medical Superintendent of Bethlem Royal Hospital; Examiner in Psychology and Mental Disease at the University of London; etc. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1915.

Dr. Stoddart has impartially and clearly reviewed the principles of psycho-analysis in such a way that any student may have a good working knowledge of them without the labor of reading the more elaborate expositions of Freud, Janet, Jung, Jones, Brill and other disciples of this new psychiatric doctrine. The author believes that much of the criticism of this new doctrine rests upon the want of willingness to read psycho-analytic literature, disinclination to experimental practice of its principles, sentiment and prejudice, and finally disgust resulting from the misapplication of its principles by charlatans. His explanation of instinct and certain fundamental doctrines of the Freudian psychology as the conception of the unconscious, physical determinism, conflict, and the complexes are so simple and clear that the student is encouraged to make the effort to understand the subject.

In chapter two the author makes a classification of nine groups of mental diseases, and then he eliminates six of these groups as being generally unsuitable for the employment of psycho-analytic methods; upon further examination of the

three remaining groups, the first and third are found to be unfruitful fields, and the second group, the psychoneuroses, including hysteria and the compulsion neuroses, obsessions, morbid fears and compulsions, is the only remaining one which offers a ground where psycho-analytic treatment is pre-eminently satisfactory.

The author's observations in the last chapter on the repression of the instincts as the outcome of the influence of modern civilization proclaim him as an earnest and unprejudiced student of the penalties exacted of the human race by disobedience of physiological and biological laws. N. H. B.

---

*The Acute Abdomen.* By William Henry Battle. Constable and Company, Ltd., 10 Orange St., Leicester Sq., London.

This, the second edition of the Acute Abdomen is a revised and enlarged work. It is a most excellent volume setting forth in detail the various examples of the acute abdomen seen in the author's surgical practice. It is eminently practical, and many hundred clinical cases are related at length. If we had to mention a chapter which in our opinion failed to maintain the high standard of the work, we should say that it was that dealing with extra-uterine gestation. Great stress is placed by Mr. Battle upon recognizing free fluid in the peritoneal cavity, and one is struck by the number of times he judges correctly by percussion that fluid is associated with the acute abdomen.

The book is a most admirable one, and ought to be in the library of every active surgeon. G. E. W.

---

*Doctors Versus Folks. To-Morrow's Topic Series.* By Robert T. Morris, M.D. Garden City, N.Y.: Doubleday, Page & Co. 1915.

It is a great relief to a physician to run across just such a book as this, as the constant reading and study of heavy medical works during one's leisure hours becomes tiresome and causes ennui. "Doctors Versus Folks," is just the kind of a book

that a medical practitioner, weary after a hard day's visiting, can take up in the declining hours of the day and thoroughly enjoy, and we do not hesitate to state that, if all of Dr. R. T. Morris' series are as good as this one, they will find a ready demand.

Chapter one is full of interest in which the author takes the opportunity of reading a curtain lecture on a good many subjects to his fellow practitioners, touching particularly on professional jealousy and criticism, the assistance that the older physician should gladly extend to his younger brother practitioner, the importance of not taking personal offence too easy, of using every opportunity to say good and not evil of one's brethren, the regular attendance at Medical Society meetings, and of systematizing methods for persuading private individuals to endow our teaching institutions.

The volume is full of subjects of current interest. Some that attracted our attention were those dealing with abuses in surgery, The American College of Surgeons, Advertising, Chiropractors, The Emmanuel Movement, Christian Science, Fee Splitting, Friedmann, The Mayos, Medical Journals, Osteopaths, Kinds of Surgeons, Fourth Era in Surgery, and other topics of equal interest. Regarding Friedmann, Dr. Morris says: "The true physician would give his heart and his time freely in many of the cases in which Friedmann took dollars instead." In the chapter relative to Christian Science, the author makes the following trite remark: "Most of the enormous 'business' that is now in the hands of medical pretenders will be turned over to the medical profession when it becomes customary for doctors to educate the public properly instead of making critical analysis of colleagues in the presence of the laity." Can anyone doubt the truth of such a statement? Regarding fee splitting, it does not take long to find what the author thinks of it after reading the following sentence: "The conventional victim of fear-thought does not dare to charge properly for his services, but, desiring money nevertheless, becomes an anti-climax hero by asking for it through some opportunist specialist, who sees at a glance his chance for making a useful retrieving spaniel of the timid physician through suitable petting and reward." As to the value of medical journals,

we read the following: "One small but necessary item of expense for the physician is the cost of a medical journal. The physician who feels that he cannot afford to make use of a number of medical journals is not getting what he should from his acreage of Psyche. A single professional fee for a bit of skilled service made possible by a suggestion received from some one medical journal may pay the annual subscription for ten journals and leave a margin besides."

We congratulate Dr. Morris upon this volume of his series, and feel that in publishing such material he will give pleasure to many thousands of his fellow practitioners. W. A. Y.

---

*Materia Medica for Nurses.* By Miss Lavinia L. Dock. G. P. Putnam's Sons. $1.50 net.

Miss Dock's new edition of her widely used text-book contains many new appendices which make it up-to-date and valuable as a reference. It is therefore much bulkier and less suitable as a class text-book, though it serves as the basis from which a handy teacher can choose excerpts for memorizing. Quite a desirable addition to the book is a set of problems on solutions, though if nurses were taught the *arithmetic* of drugs for the whole of their junior year they still would not know enough. The relationship between the metric system and ours is not written up any more fully than in the previous editions, and yet it is used quite considerably in the modern hospital. The book is of great value, however, and we hope to see it carried successfully through to yet later editions.



THE LATE DR. R. W. BRUCE SMITH

# The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXXIX. TORONTO, MAY, 1916 No. 5

## Editorials

### THE LATE DOCTOR ROBERT BRUCE SMITH

THROUGHOUT the Province to-day many mourn for the confrere and friend who has been called from his day's work, so faithfully done, to rest. During his lifetime Dr. Bruce Smith filled every hour full of activity. He held many positions of honor with dignity to himself and the Profession.

Perhaps, though, the years he spent in study and work as Inspector of Hospitals, Asylums and Prisons, he counted, himself, his very best work. He spared neither his health nor begrudged one hour of the time that he gave to his duties. He travelled extensively in the United States and elsewhere, in fact anywhere and everywhere, studying new ideas that might benefit him as a public official. His work remains a lasting tribute to his useful life. As a friend, his kindness and sunny disposition were always in evidence and endeared him to all who knew him. He

seemed to have solved life's great riddle and, without a murmur of complaint through all the weary months of suffering, "fell on sleep" like a tired child.

Robert Bruce Smith will long be a memory and an inspiration to those who knew him well among the Profession, and even to those who passed by, he will remain in Life's Portrait Gallery as a man who greeted each day's work with a smile and a song.

---

## THE ACADEMY OF MEDICINE, TORONTO

THE Stated Meeting of the Academy of Medicine for April took place in the Mining Building, 174 College Street, Toronto, on Tuesday evening, April 4th. Just prior to the meeting, the staff of Grace Hospital entertained about seventy-five members of the profession in Toronto to dinner at the York Club, in that way giving the Fellows of the Academy an opportunity of meeting the guest of the evening, Dr. R. G. Snyder, of New York City. The affair was an exceedingly delightful one and the Chairman, Dr. Wilbur Harris, is to be congratulated upon the way in which he performed his duties.

Doctor Snyder took as the subject of his address "Recent Ideas as to the Classification and Treatment of Nephritis." The address was delivered *viva voce* and was very freely illustrated with lantern

slides. The attendance was exceedingly good and the evening a most enjoyable one.

After the address the election of the Committee on Nominations took place.

---

## THE ONTARIO MEDICAL ASSOCIATION

As the profession are aware, our Provincial Association meets in Annual Convention in the Mining Building, University of Toronto, Toronto, on the thirty-first day of this month, lasting for three days. The Committee on Arrangements and that on Papers and Business have held a large number of meetings during the past six months or more and have worked most consistently to make the meeting of 1916 the very best in the history of the Association. President H. B. Anderson and his officers have given many hours towards this end and, if present appearances are any criterion, the meeting will be a distinct success, both from the standpoint of scientific interest and attendance from all points of the Province.

The forenoon of Wednesday, May 31st, will be devoted to registration and miscellaneous business. There will be an Organ Recital in Convocation Hall at twelve o'clock noon, and the general session will open at two o'clock, when Dr. A. D. Blackader, of Montreal, has kindly consented to deliver an address. Other visitors from out of town will include Dr. Stephen Leacock; Dr. J. F. Percy, Galesburg, Ill.; Dr. Justus Matthews, of the Mayo Clinic; Dr. Elliott

P. Joslin, Boston, who will deliver the address in Medicine; Prof. Dean Lewis, Chicago, who will deliver the address in Surgery; Prof. Solomon Solis Cohen, Philadelphia; Prof. John Wyeth, New York; Dr. Weston A. Price, D.D.S., Cleveland; Prof. John A. Bodine, and Prof. C. H. Chetwood.

The detailed programme will be found elsewhere in this issue and should be perused with care. In our opinion it is one of the best prepared by any committee for many years. A special feature this year is the Military Section, where many subjects of immediate interest to medical men will be discussed.

We trust that our readers will allow us to urge one and all not, under any circumstances, to allow anything to interfere with their presence in Toronto on May 31st, June 1st and 2nd.

Let us one and all do our part to swell the number who will register on May 31st with Dr. F. Arnold Clarkson and assist, not only throughout the various sessions, but in giving our out-of-town guests as pleasant a time as possible.

---

## HINTS TO JUNIOR PRACTITIONERS

1. WHEN you are far from a laboratory and an incubator on a stormy night, and have just taken a culture on agar from a sore throat, pin it in the pocket of your nightshirt and go to bed peacefully. In the morning there will be a fine, cloudy growth, which you can then take to the microscope.

2. Do without some of the luxuries in order to have a good microscope, a stethoscope, an auriscope, a sphygmomanometer for taking blood-pressure, and an aspirating set. These things inspire much more confidence in a patient than showy instrument cabinets or musk-ox robes.

3. When you are called on the telephone late at night to see a new patient in a crowded district unfamiliar to you, have one of his relatives meet you at a certain corner, or at least ask them to cut the house number out of cardboard, stick it on the window and place a light behind it. This will save a lot of sputtering and lighting of matches before the doors of irate sleepers.

4. Get all the insurance business you can. The time will come when a physician's work will be all insurance. It makes a steady though not large income. But never pass a bad risk. That is unfair to the policy-holders.

5. Lodge physicians should not have "contract prices." They should not charge less than the usual fees of the vicinity.

6. Establish friendly relations with the other physicians on the basis of the Golden Rule, and educate your patients up to it. Take each other's hurry calls, in order that the patients may be helped more quickly. Do not be unethical, however, in the family of another physician's patient. This system works

perfectly in cities where competition is most keen. By having a younger man do occasional work for you, when you are fatigued, and reporting the case to you fully, also carefully referring the patient back to you, you extend him a helping hand. You show you are not afraid of him.

7. When you call another younger man to assist you, do not use his supplies of gauze, brushes, iodine, etc. He is more needy than you, though he may be more provident and careful.

8. When another physician is called in to help you, in an operation or a consultation, pay him before writing your patient a receipt in full.

9. Keep a simple but comprehensive card system for your cases, so that, by pulling out a drawer, you can have them all in alphabetical order before you, and can see their history at a glance on one side, or their account on the other. Indicate on each the dates when you presented your bills without receiving any response.

10. For daily calls, carry a small memorandum, arranged like a diary, in which record all engagements, *professional and social*, so that they can never conflict. When a friend says, " Come and take dinner with us next Monday," you look up to find out what is opposite that date, and then you say, " Thank you, sorry, but I can't; nurses' graduation at the hospital." Enter also at the proper date the time at which you must see a patient again, after the visits

cease to be made daily—whether at his home or in your office.

11. Keep a record of your interesting or puzzling cases and talk about them at the meetings of the local society. If there is not a local medical society, build one. Solicit other older men's advice, and do not tell what treatments you adopted.

12. Add to your library of medical works by degrees. Old ideas are superseded by new ones, and the results of modern research are within reach of all. There is no need to " get behind the times."

13. Take up some especial branch of municipal work, like Milk, Tuberculosis, or Infant Welfare, both locally and by visits to metropolitan centres, making yourself sincerely and unostentatiously useful. If you are young, and " just out," do not attempt to demonstrate that " you can put it all over the other men," because you can't.

14. Do your duty by the province, the county and the town, and all their officials, whether the coroner or the Board of Health officials. Make unequivocal reports, and do not screen a dishonorable man. It will come back to you when you least expect it.

15. Do not make a sanitarium the goal of your fond desire. Remember that hospitals admitting charity cases as well as pay patients turn out the best work. Do not combine medicine and commerce.

# Canadian Journal of Medicine and Surgery

## Editors


**Surgery:**

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

**Clinical Surgery:**

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

**Orthopedic Surgery:**

B. E. MCKENZIE, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association. W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto.

**Militia and Naval Medical Services and Ambulance:**

J. T. FOTHERINGHAM, M.D., Lieutenant-Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator CHAS J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

**Medical Jurisprudence and Toxicology:**

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

**Hospital Administration:**

MISS AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

**Pediatrics:**

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

**Medicine:**

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M.D., M.R.C.S., Eng., Toronto.

**Clinical Medicine:**

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

**Mental and Nervous Diseases:**

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Gynecology and Obstetrics:**

B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

**Pathology:**

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

**Ophthalmology:**

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear:**

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

**Dermatology:**

D. KING SMITH M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

**Managing Editor;**

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

*Reprints supplied at Net Cost*

# Original Contributions

## OPEN OPERATION FOR FRACTURES

BY W. E. GALLIE, M.B.
Associate Surgeon, Hospital for Sick Children, Toronto.

Since the presentation of the British and American reports on the results of open operations for fractures, it has been recognized that the introduction of foreign bodies, such as steel plates, screws, wires, etc., is sometimes responsible for the development of troublesome symptoms at a time when the ordinary dangers of open operations are long since past. With good operating-room technique and with the use of proper operative skill, one can anticipate without anxiety primary healing of the wound and early union of the fracture. But with this stage safely passed, many cases are on record in which the plate has loosened and the result has been pain and discomfort, from interference with muscles and tendons. In others, sinuses have developed leading down to the plate, which do not close until the latter has been removed. Spontaneous fracture, and sarcoma, have been reported also, probably produced by the irritation of the foreign material. While the writer has been fortunate enough to meet with none of these troublesome complications among his own cases, the frequency with which they present themselves in hospital practice makes it certain that the dangers are real.

In an effort to eliminate the use of foreign material in these operations, the writer tried the method described in the *Canadian Medical Association Journal* for February, 1915, called "bone-wedging." While the method was successful in the half-dozen cases in which it was tried, it is evident that it is appli-

cable only to cases in which the ends of the fragments are nearly exactly transverse to the long axis and in which no slivering of the bone has occurred. Furthermore, the security afforded by the method is none too good and the extra manipulation required in the cutting of the wedge adds considerably to the difficulty of maintaining rigid asepsis. It became evident, therefore, that some other means must be discovered to eliminate the steel plate.

During the winter of 1912-13, while performing some experiments on the transplantation of bone in animals, it was observed by D. E. Robertson and the writer that autogenous, heterogenous and boiled bone, when implanted into gaps in the shafts of long bones, act in many ways in a similar manner. For instance, the circulation in each is destroyed, the bone cells in each disappear after the lapse of a few weeks, the circulation is re-established in identically the same way, namely by the ingrowth of capillaries into the open Haversian canals, and finally the bone is gradually absorbed and replaced by living bone by osteoblasts which grow in from the surface along with the newly-formed blood vessels. There are, it is true, very definite differences which will be detailed in our paper on the "Transplantation of Bone," but the similarity of the changes occurring in autogenous and boiled transplants at once suggested the possibility of using boiled bone as a plate in the operative treatment of fractures.

On April 14th, 1913, the following experiment was performed: Adult bull terrier dog. Incision over left radius, two inches in length. Periosteum incised and reflected. A section of the radius one-quarter inch long and extending half way through the shaft, removed. A fracture was produced through the remainder. Previous to the operation a plate of human bone had been obtained from an amputated tibia and drilled in four places for nails. Four pegs were also cut from the same bone, to fit the drill holes. The plate and pegs were then applied to the fracture in the same manner as a Lane plate, the pegs being driven firmly into holes drilled in the radius. The muscles and skin were drawn together with catgut and the dressings applied. Healing occurred by primary union and two months later the specimen was recovered. Before sectioning, the specimen was

X-rayed and the skiagram shows perfect union of the fracture with obliteration of the gap left by the removal of the section of bone and it also shows the union of the plate to the radius. (Fig. No. 1.) The pegs can be seen distinctly, external to the

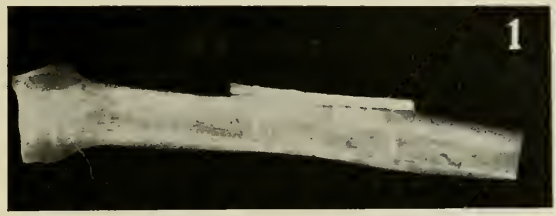



Fig. No. 1.—Skiagram of dog's radius from which a section a quarter of an inch in length had been removed two months before, and the normal relations of the fragments maintained by the application of a plate of human bone, held in position by four pegs of the same material.

plate, but within the radius they are indistinct and intimately united to it. The specimen was then sectioned longitudinally in the line of the pins and the portion preserved for microscopical examination shows the plate, radius, and one pin.




Fig. No. 2.—Specimen of dog's radius, showing the plate of human bone solidly united to it. The specimen has been sectioned longitudinally with a saw, through the plate and two of the pegs. The portion removed was preserved for microscopic examination.

(Fig. No. 2.) Examined in the gross, the plate is seen to be solidly united by bone to the radius and the same is true of the pins. The plate and pins are still hard and strong as at the time of the operation.

It is, therefore, evident that plates of boiled bone can be applied to fractures successfully, that they will act as perfect splints, that they will unite solidly to the subjacent bone, and that they will remain unchanged sufficiently long to allow of firm healing of the fracture in the correct position.



Fig. No. 3.—Very low power photo-micrograph, showing the plate (at the upper part of the section), the drill hole in the plate, the pin, and a portion of the dog's radius. The solid union of the plate and pin to the radius, and of the plate to the pin, in the drill-hole, can be plainly seen.

Examined microscopically it is seen that the circulation in the plate and pin has been completely re-established. The lacunæ are entirely empty, the cells having long since disappeared. The plate and pin are solidly united to the radius by trabeculæ of new bone which are laid down on all the adjacent surfaces, and which enter into all the irregularities and Haversian canals, which open on these surfaces. In the substance of the plate and pin the Haversian canals are seen to be abundantly supplied with blood vessels, about which are many osteoblasts. In many places marked absorption of the dead bone is taking



Fig. No. 4.—Low power photo-micrograph of the area of the drill-hole in the plate, showing a portion of the head of the pin (to the right), a portion of the plate (to the left), and between the two a mass of new bone growing up from the underlying radius.



Fig. No. 5.—High power photo-micrograph showing a point of union between the plate and the radius. The upper three-quarters of the field shows plate, the lower quarter, new bone produced by the dog. Note the disappearance of the cells from the lacunae of the human bone; also the restoration of the circulation (at one and five o'clock) and the commencing absorption of the plate along its edge (at five o'clock).

place and in others new bone is being laid down as a lining to the canals. On the surface of the plate is a thin fibrous membrane resembling periosteum, and underneath it is a thin layer of new bone closely adherent to the plate. The plate and pin are united in the drill hole by a mass of new bone which has developed from osteoblasts which flowed in from the subjacent living bone.

It is thus evident, that if a plate of boiled bone be used in place of a steel plate, it will very quickly unite to the fragments

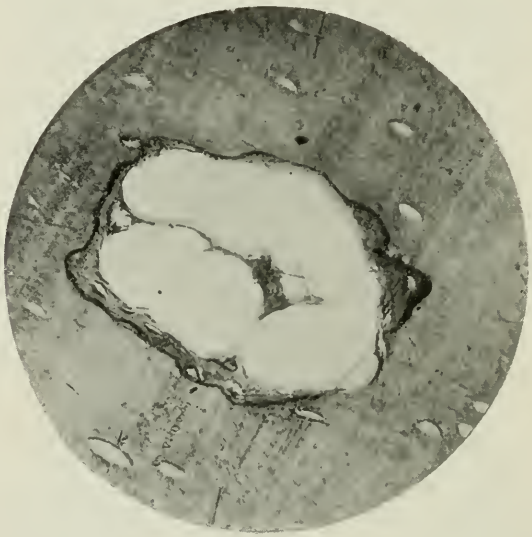


Fig. No. 6.—A Haversian canal in the middle of the plate, showing restored circulation, bone absorption, and the formation of layers of new living bone. The dead human bone is readily distinguished by the absence of cells from the lacunae.

and become revascularized. The osteoblasts of the neighboring living bone soon grow into the dead bone along the blood vessels, and by their activity cause its absorption. After a time they return to their adult function and produce new bone along the enlarging Haversian canals. Further experimentation, of which the details will appear later, has demonstrated that very little change in the strength of the plate occurs during the first two months and that complete absorption and replacement of the

plate requires six months or more, depending on the thickness and density of the bone used.

Armed with the information derived from the above experiments on animals, the next step consisted in the application of the method to patients in the wards. In April, 1914, a boy aged nine years was admitted to the Hospital for Sick Children with a transverse fracture of the femur. Several attempts were made to reduce the fracture under anesthesia, but although it was moderately easy to get the fragments end to end, it was impossible to prevent them from slipping past one another, in spite of the careful application of traction and splinting in the form of a plaster spica. On April 24th, 1914, an open operation was performed and instead of the usual Lane plate, a plate of beef bone was applied, pins of the same material being used to hold it in position. The X-rays show the reduction to be fairly satisfactory, the apposition of the fragments being quite correct and the alignment fair. The skiagram shows a grave defect in the method, however, in that the plate is not fastened securely enough to the underlying bone by the pins, one end having lifted away from the femur and allowed a slight bend at the fracture. This is due to the fact that it is impossible to drive a smooth pin solidly into bone as one would drive a nail into wood. Either the pin breaks or the femur crumbles, and the result is that the pin is loose. (Fig. No. 7.)

The method, therefore, had to be abandoned as being unsafe, but the changes occurring in the plate and pins, as shown by subsequent X-rays are most interesting in an investigation of the fate of the graft of boiled bone. The skiagram, taken two months after the operation, shows union of the fracture, with the deposition of considerable callus, and union of the plate to the underlying bone. New bone can be seen extending over the ends of the plate and through the drill holes. Three months after the operation the skiagraph shows the union of the plate and pins to be more solid, and the new bone has become more dense. The line of fracture has disappeared. There is now considerable new bone over the surface of the plate. Six months after the operation the line of union of the plate has been obliterated and the pegs have begun to disappear. After the lapse of a little over a year, absorption of the plate and pins is

practically complete, only the faintest outline of the head of one of the pins remaining. The femur has returned nearly to normal.

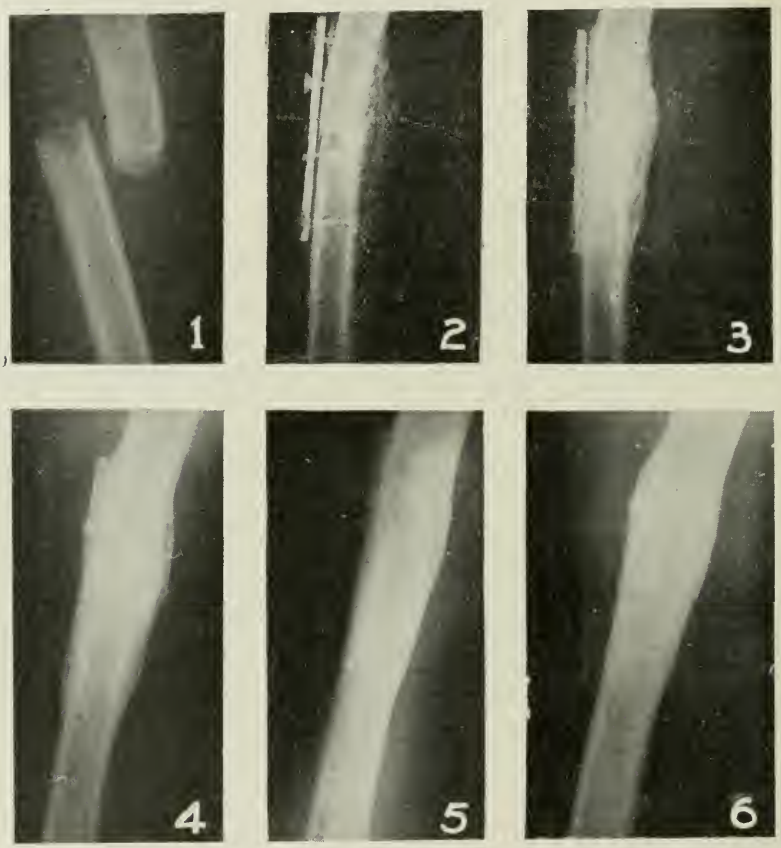



Fig. No. 7.—A series of X-ray photographs of a case of fracture of the femur, in which open operation was required, and in which a plate and four pins of beef bone were used. No. 1 shows the condition before operation; No. 2, soon after operation; No. 3, three months later; No. 4, six months; No. 5, nine months, and No. 6, one year after the accident.

This case was described at the meeting of the American Orthopedic Association in Philadelphia, May, 1914.

During the following winter a similar case was admitted, and, instead of the bone pins, ordinary steel screws were used to fasten the bone plate to the femur. (Fig. No. 8.) The operation and the result demonstrated that mechanically the plate filled the requirements, the fracture being held in perfect position sufficiently long to allow solid union to take place. The X-ray taken recently, fourteen months after the operation, shows satisfactory union of the fragments, with the disappearance of the plate. The screws are still in position as at the time of the operation.




Fig. No. 8.—X-ray photographs of a case of fracture of the femur, plated with a plate of beef bone and steel screws. The figure to the left shows the condition soon after the operation, the other shows the disappearance of the plate after the lapse of a year.

The problem thus reduced itself to one of making a pin of bone that would resemble a wood screw. This was not quite so simple as it would appear, as it is difficult to turn a deep thread on a small pencil of bone and it is hard to make a proper thread in the drill hole into which the screw will fit properly. However, these difficulties have been overcome by having the screws cut on the lathe and by using a special tap to cut the thread in the drill hole. The ordinary cutting tap is not very satisfactory as the living bone is apt to crumble under it and thus allow the thread to be stripped. This difficulty has been obviated by making a small drill hole and by using a tap slightly smaller than the bone screw. Into the thread thus cut is forced a polished steel screw of the correct size which not only cuts a

thread but also hardens it by compression. The tap and screw have been made on long handles and are manipulated like an ordinary screw driver. The bone screws are made with a very wide, deep thread and without any taper. The head is bevelled to fit the countersunk hole in the plate, and a short stem is left attached to the head by which to hold the screw when it is being inserted. The upper end of this stem is squared and slightly tapered to fit snugly into a chuck made like a clock key. At the junction of the stem and the head of the screw the bone is turned down to a thin neck so that when the screw has been driven home the stem can be easily broken off, leaving the head flat and flush with the plate. The chuck is on a long handle to obviate the necessity for putting the fingers into the wound.

At first the plates were made flat like an ordinary Lane plate, but recently we have had them made curved in transverse section for the twofold purpose of making them fit more accurately and of increasing their strength. They are also made thicker and wider in the middle than elsewhere, this being the point of greatest strain.

Ever since the revival of the operative treatment of fractures, we have felt the need of a proper clamp to hold the bones in the correct position after they have been adjusted by the Lane forceps. Usually one entrusts the holding of the bones to an assistant who is supposed to hold on with his forceps throughout the operation, but it is a common experience that he tires at the most critical point in the application of the plate and by letting the fragments slip, greatly lengthens the time of the operation and increases the amount of manipulation. Further, the forceps are constantly in the way during the adjustment of the plate. Various clamps are on the market, but they all have the disadvantage of requiring too long an incision and too extensive stripping of the muscles at a distance from the fracture. It is agreed that these operations should be performed with the minimum of damage to the circulation of the fragments, otherwise one must face the possibility of delayed union. To overcome these difficulties we have designed a clamp which provides security during the manipulations and which can be used in a minimum of space. (Fig. No. 9.) It consists of two toothed plates which are applied to the sides of the ends

of the fragments after they have been accurately reduced with the Lane forceps. By a screw adjustment the teeth can be sunk into the bone so securely that when the Lane forceps have been




Fig. No. 9.—Bone clamps.

removed no ordinary amount of manipulation will cause the bones to slip or change their position. The bar uniting the two toothed plates is made narrow so as to avoid interference with




Fig. No. 10.—Bone clamp in position, holding the fragments of a fractured femur in correct position and fastening the steel plate preparatory to the adjustment of the screws.

the drilling of the holes and the insertion of the screws. In addition, an adjustable pin is provided, by which the steel plate or bone plate is held solidly in position during the drilling, etc.,

thus doing away with the annoyance of having the plate slip during these manipulations. If a steel plate is being used, a pointed pin is provided which fits into a small centre in the plate, and if the plate is of bone, the pin is fitted with a toothed swivel which cuts into the plate without the danger of splitting it. (Fig. No. 10.)

The operation of plating a fracture with bone plates and screws needs no description further than a review. After the correct adjustment of the fragments with the Lane forceps, the bone clamp is applied and the forceps removed. The bone plate is fitted into position over an area from which the periosteum has been removed, and fastened down with the plate pin. Four holes are then drilled in the fragments and tapped out with the

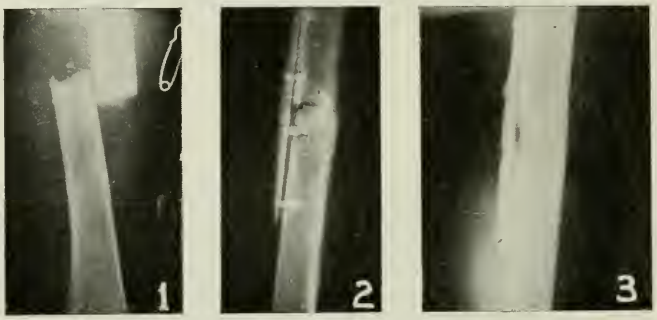



Fig. No. 11.—X-ray photographs of a case of fracture of the femur, treated with bone plate and screws of bone. The first figure shows the condition before operation, the second shortly afterwards, and the third two months later. The third figure shows union of the fracture, union of the plate to the fragments, and absorption of the screws.

instruments described. The bone screws are inserted with the chuck, the stems broken off, the clamp removed and the incision closed. A plaster spica is applied over the dressings to lend additional security.

The accompanying X-rays (Fig. No. 11.) illustrate a case treated in this way. Proper reduction could not be obtained by ordinary manipulation and open operation became a necessity. The first plate shows the condition before operation, the second, immediately after operation, and the third two months later. The latter shows the union of the plate to the underlying

bone and the commencing rarifaction of both plate and screws. A year hence an X-ray will show the complete disappearance of plate and screws.

No claim of originality can be made for the method here described, as plates of bone and pegs and screws of bone and ivory have been used occasionally for many years. The sole argument advanced in favor of such materials, however, has been that they are absorbable. In addition to this, our experiments indicate that the boiled bone actually unites to the fragments, becomes revascularized and is simultaneously absorbed and replaced by the activity of osteoblasts which invade it along the new-formed blood vessels.

---

## THE MEDICAL COMMISSION

*(Continued)*

### DISEASE AND ITS PREVENTION.

J. G. Fitzgerald, M.D.: Your Lordship, I have been asked to speak this morning in regard to scientific knowledge for diagnosis.

In the army we are interested in the prevention of disease; we are interested in preventive medicine and hygiene; and I wish to speak particularly with reference to these topics, and to the scientific knowledge and training that is necessary in order to enable a man to practise these branches of the profession scientifically and successfully.

The scientific training which we feel is adequate for a man practising preventive medicine will necessitate a course of at least five years, a course such as is now given in the Universities of Toronto and McGill, and probably a longer course even than that. I believe I am right when I say that it is proposed to extend this course from five to six years in order that the student may have adequate preliminary training as well as fuller subsequent training in order to practise medicine.

In preventive medicine and hygiene it is absolutely essential that a man have a thorough knowledge of the fundamental sciences of physics, chemistry and biology, and also the subsequent knowledge of medical sciences which would be gained in a man's later years of study. This knowledge cannot be gained in a short time; it cannot be gained in chiropractic or osteopathy schools.

A few years ago an investigation was undertaken by the Carnegie Foundation into the studies and requirements of medical men of the regular school and practitioners of other schools. This investigation clearly demonstrated the fact that it was absolutely impossible for men to acquire even an inadequate knowledge of medicine in the short time required in many of the schools. For that reason there was a general raising of the standard everywhere, and the regular schools which formerly maintained a very high standard, in some cases still further increased their standard.

The Commissioner: You mean in consequence of the investigation?

Dr. Fitzgerald: Yes, your Lordship.

Q. I suppose that must have been done voluntarily?

A. Yes, sir, absolutely voluntarily.

Q. Was it done here, Dr. Fitzgerald?

A. Yes, sir. The courses in at least two medical schools were increased in length from four to five years—Queen's and the Western University. I am not authorized to say that this followed as a result of the findings of the Carnegie Foundation, but it was subsequent to the report of the Carnegie Foundation.

Q. The course was extended from four to five years?

A. Yes, your Lordship. And I think I have authority for saying that McGill University and Toronto University at present are considering the advisability of lengthening their courses from five to six years at the earliest possible moment in order that the training of physicians at these universities should be still more complete than it is at the present time, it being recognized by the authorities at these universities that the training at present is not as thorough as it should be.

Q. You mean extended from five to six years for the regular medical practitioner?

A. Yes, your Lordship.

Q. Not the man who wants to take a post-graduate or subsequent course?

A. For a man before he can take his degree in medicine, whether it be Bachelor of Medicine or Doctor of Medicine. I speak of that first, your Lordship, because the point of prime importance is the necessity for adequate training for a man, regardless of what particular branch of healing they propose to practise after they have graduated. There should be one requirement for all, whether they propose to practise spinal adjustments or whether they propose to practise medicine in accordance with the teachings of the majority of practitioners. I hope I have made that point clear to your Lordship.

Q. Yes, you have made it quite clear, Dr. Fitzgerald.

A. The next point I wish to emphasize, then, is the question of the value of preventive medicine and hygiene. The ideal in medicine to-day is not the curing of disease, but the prevention of disease. That, sir, we regard as the most significant and important function of the medical profession to-day—the prevention of disease. And I maintain, your Lordship, that schools other than the regular schools of medicine are not, as far as I am able to judge from a study of their literature and a study of the Report of the Carnegie Foundation, interested in the slightest degree in the question of preventive medicine. There is no evidence to show that they are interested in the slightest way in that important question to-day. As far as the medical profession is concerned, that is the question of prime importance —preventive medicine and hygiene.

The regular medical profession, as you know, sir, is responsible for the welfare and the health of the communities at large —the civil population, and also the officers and men serving in the armies of every country in the world to-day. The health of the men, the prevention of disease, and the care of the men after they have taken ill, is entirely in the hands of the regular practitioners of medicine.

In order to emphasize the necessity for scientific knowledge for proper diagnosis, which makes it possible to practise pre-

ventive medicine amongst the enlisted men, may I just instance two things? First, the prevention of typhoid fever in the army of the allies.

As you are perhaps aware, sir, the deaths in the South African campaign were greater from enteric fever or typhoid than they were from wounds. There were some eight thousand odd men died of enteric fever in South Africa; some seven thousand died from wounds. Up to the 31st of May of this year—and I might say that the total forces then engaged were not one-third of what they are at present in the western theatre of war—the number of cases of typhoid fever were under eight hundred.

Q. Out of how many men?

A. Out of at least 750,000 men; and the total number of deaths was about thirty. Furthermore, sir, in the first year of the war it has been definitely proved by the statements of the Commander-in-Chief that the typhoid prophylactic has practically eliminated typhoid from the army of the allies. The introduction of this prophylactic against typhoid is one of the measures supported by every practitioner of the regular school of medicine to-day. This measure of prophylactic treatment against typhoid is one of the most important preventive measures that has been introduced into the army. But I may say, sir, also that another very important prophylactic measure, based upon adequate scientific training and knowledge necessary for accurate diagnosis, is that now in vogue in treating the disease known as cerebro-spinal meningitis. The adequate control of epidemics of cerebro-spinal meningitis is in part the result of the work done at the Rockefeller Institute of Medical Research in the city of New York.

The mortality in cases of epidemic cerebro-spinal meningitis previous to the studies of the members of the Rockefeller Institute of Medical Research and others was seventy-five per cent.; that is, that seventy-five out of every hundred cases of epidemic cerebro-spinal meningitis died. The mortality subsequent to the use of the treatment suggested by Dr. Flexner, the director of the Rockefeller Institute of Medical Research, and others, is approximately twenty-five per cent. These figures may easily be verified.

Furthermore, without an adequate knowledge of scientific matters, not only is it not possible to treat cerebro-spinal meningitis once it has developed, but, more important still, it is not possible to prevent the development and spread of that disease.

I had the honor to be one of three officers detailed last winter at the Exhibition Camp to endeavor to find some measure of stamping out the cerebro-spinal meningitis epidemic after it had developed. We made a microscopic study of swabs—that is, we examined a small amount of material obtained from the back of the nose, where these meningitis germs lodge previous to finding entrance into the central nervous system—to determine whether there were any individuals in the camp who were responsible for the spread of that disease. We were able to determine that there were a number of such individuals. These men were isolated; they were removed from contact with the other men in the units to which they belonged, and the outbreak was checked, with a total mortality of only seven or eight, and we undertook the investigation only after a number of cases had developed. This work is only possible with men who have had a thorough fundamental training in the sciences of physics, chemistry and biology, preliminary to their study of medicine.

I think, sir, these are all the points I desire to bring to your attention. But the impression I wish to leave with you, sir, is this: That it is not possible for a practitioner of any school to acquire a knowledge which will enable him to undertake his most important function—the prevention of disease, and the checking of the spread of disease after once it has broken out—in a course which takes less than five years. It is absolutely unfair to the men who take that course to permit practitioners of other sects and cults to practise their various methods of healing without having received that necessary preliminary education and instruction which the students of regular medicine must obtain.

# Society Proceedings

## THE ONTARIO MEDICAL ASSOCIATION

The Ontario Medical Association will hold its Annual Meeting in Toronto, beginning Wednesday, May 31st, 1916, for three days, in the Mining Building, College Street.

The following is the programme:

Wednesday, May 21st.

9.00 a.m.—Registration.
10.00 a.m.—Business Session.
12.00 a.m.—An Organ Recital—Convocation Hall.
2.00 p.m.—General Session.

"Drugs and Medicinal Agents Considered from the Professional, Economic and National Standpoints," by Prof. A. D. Blackader, Montreal.

Address in Gynecology, by Dr. J. F. Percy, Galesburg, Ill. Subject: "Heat Problems, or the Method of Treatment in Cases of Inoperable Uterine Carcinoma."

"Tonsillectomy, with its General Results," by Dr. Justus Matthews, Mayo Clinic, Rochester, Minn.

Election of the Nominating Committee.

In the evening at eight: President's Address, by Dr. H. B. Anderson.

8.45 p.m.—The Address in Medicine, by Dr. Elliott P. Joslin, Boston. Subject: "The Treatment of Diabetes."

On Thursday, June 1st, from nine to twelve o'clock, the Sections in Medicine, Surgery, Obstetrics, and Ear, Eye, Nose and Throat will meet.

Programme in Medicine:

"Pernicious Anemia," by Dr. Charles McKay, Seaforth.

"Radium as an Auxiliary in the Treatment of Exophthalmic Goitre," by Dr. W. H. B. Aikins, Toronto.

"Indications for and Results of Artificial Pneumothorax in Phthisis," by Dr. C. D. Parfitt, Gravenhurst.

"Duodenal Feeding with Tube," by Dr. Cleaver, New York.

"Treatment of Constipation," by Dr. Campbell, Napanee.

"Treatment of Lues in Children," by Dr. George Smith, Toronto.

"Arterial Hypertension," by Dr. Boyce, Kingston.

"Wassermann Reaction in Relation to Diagnosis and Treatment of Syphilis," by Dr. Hugh Laidlaw, Kingston.

"Protozoan Infections," by Dr. L. G. Pearce, Brantford.

"Syphilis with New Arsenical Preparations," by Dr. Gordon Bates, Toronto.

Programme in Surgery:

"Appendicitis," by Dr. M. O. Klotz, Ottawa.

"Gall-Stones," by Dr. I. Olmstead, Hamilton.

"Pyloric Stenosis in Infants," by Dr. W. E. Gallie, Toronto.

"Fractures, including Compound," by Dr. Seaborn, London, and Dr. J. M. Rogers, Ingersoll. Discussion opened by Dr. T. H. Middleboro, Owen Sound.

"Intestinal Obstruction," by Dr. H. A. Bruce, Toronto.

"Renal Calculi," by Dr. W. W. Jones, Toronto.

"Conservative Surgery in Injuries of the Hand," by Dr. N. A. Powell, Toronto.

"Transfusion," by Dr. F. N. G. Starr, Toronto.

"Perforating Ulcer of the Stomach," by Dr. McGregor, Hamilton.

"Treatment of Cancer by Fulguration," by Dr. J. E. Hett, Berlin.

"The Relative Merits of the Steel Plate and Bone Graft in the Treatment of Recent Fractures," by Dr. E. R. Secord, Brantford.

"Pulmonary Abscess following Abdominal Operations," by Dr. Angus McLean, Detroit.

"Duodenal Ulcer," by Dr. A. H. Perfect, Toronto.

Programme in Gynecology and Obstetrics:

"Treatment of Dysmenorrhea," by Prof. William Weir, Cleveland.

"Morphine and Hyoscine in Obstetrics," by Dr. A. Kinnear, Toronto.

"Blood Transfusion in Hemorrhage of the New-Born," by Dr. Alan Brown, Toronto.

"Gelatine in Hemorrhage of the New-Born," by Doctor McIlwraith, Toronto.

"Apparatus Used in Blood Transfusion," by Doctor Unger, New York.

"The Female Pelvic Floor and the Part it Plays in Obstetrics and Gynecology," with moving pictures, by Professor T. H. Morgan, New York.

"Eclampsia," by Dr. J. F. Goodchild, Toronto.

"Diagnosis and Choice of Operations in Retrodisplacements," by Dr. A. C. Hendrick, Toronto.

"Persistent Occipito-Posterior Positions in Relation to the Country Practitioner," by Dr. Charles Page, Oakville.

"The Walcher Position in Obstetrics," by Doctor Arthurs, Sudbury.

Programme in Section of Ear, Eye, Nose and Throat:

"Foreign Bodies in the Esophagus," with slides, by Dr. Edmund Boyd, Toronto.

"Treatment of the Blind after the War," by Dr. B. C. Bell, Brantford.

"Orthodontia in its Relation to the Nose and Throat," by Dr. G. W. Grieve, D.D.S.

"Nose, Throat and Accessory Sinuses in Relation to Systemic Diseases," by Dr. D. J. Gibb Wishart, Toronto.

Thursday afternoon: Address in Surgery by Prof. Dean Lewis, Chicago.

"Treatment of Pneumonia," by Prof. Solomon Solis Cohen, Philadelphia.

Business Meeting.

In the evening Dr. Weston A. Price, D.D.S., D.S.C., M.E., Cleveland, will give an address on "Mouth Infections and Some of the Mechanisms by which they Produce Localized and Systemic Diseases."

Prof. John Wyeth, Prof. John A. Bodine, and Prof. C. H. Chetwood will illustrate some operations by moving pictures.

On Friday afternoon there will be a Military Section in which subjects of interest to the Army Medical Corps will be discussed.

On Friday evening Prof. Stephen Leacock will give an address.

# Selected Articles

## HEALTH WORK DUPLICATED

"Do you realize that citizens of Toronto pay taxes to support two Departments of Health?" asks the Toronto Bureau of Municipal Research in a school bulletin, a synopsis of which was given on Wednesday by *The Toronto Telegram.*

The Bureau gives a long list of the reasons why school medical inspection should be merged in the Medical Health Department, and the results that would follow from amalgamation. Mr. W. W. Hodgson, chairman of the Board of Education, does not agree with the argument that the work under the Medical Health Officer would be done at less cost. In other words, the chairman thinks that it is sound economy for two nurses and two doctors to get paid for travelling over the same territory. Dr. Hastings has stated that the object of his department is to avoid duplication. His work has been so co-ordinated that only one nurse can enter a home in any district. The only one she is likely to meet now is the school nurse. Educational authorities say that the work done by the medical inspection department is only educational and preventive, and Dr. Hastings claims that his work is similar.

### WHAT BUREAU SAYS.

The bulletin of the Municipal Bureau says regarding the two departments:

"One is called the 'Department of Public Health,' and is by statute responsible for satisfactory health conditions in the city, including the health of all school children for 12 months in the year, and the sanitary condition of all schools.

"The other is called the 'Department of Medical Inspection of the Board of Education,' and is jointly responsible for the health of some school children during part of the year, and the sanitary conditions of some schools.

"One costs about $300,000 a year. The other about $75,000. The two departments employ the same types of professional skill. They perform functions fundamentally the same. Would service be increased and cost decreased by unified control?"

PRESENT CONDITIONS.

The Bureau gives the weaknesses of the present division of authority as follows:

"1. Health expenditures are increased by duplication of overhead and administrative charges.

"2. Efficiency in administration and supervision is decreased by divided authority and responsibility.

"3. At a time when all 80 nurses employed by the city are most needed the 37 school nurses are away on vacation.

"4. At the same period, July and August, 17 (of these at least 16 are employed on half-time basis) of the 20 physicians employed by the two health departments are not available to fight infant mortality.

WASTED TIME.

"5. Time is wasted in unnecessary travelling by having two sets of nurses supported by the same taxpayers, covering the same district, responsible for work in the same families, and for the health supervision of the same children. During the first seven years of a boy's life he may be under the health supervision of the Board of Health, during the next seven years under the health supervision of the Board of Education for ten months a year, and for the rest of his life under the health supervision of the Board of Health. The problem of health is a unitary problem; a child's life is a unitary, not a jointed growth; and a family is not a series of watertight compartments, but an organic unity. Unitary supervision, unitary administration, and unitary control are essential to community health efficiency.

"6. Tuberculosis, a deadly communicable disease, largely a family problem, which demands, if anything does, a united front on the part of the health forces, is coming more and more to be the subject of divided attention and authority.

HEALTH CENTRES.

"7. The Board of Health is limited in its work by an insufficient number of health centres for adult health education, centres for which the school buildings built by the public, owned by the public, and maintained by the public, are eminently fitted.

"8. There is no partial co-operation between the two health departments, but duplication and the possibility of some needed work not being done at all are real and continuous. The longer two similar public agencies are left to build up individual organizations the more they tend to stand on their own dignity, the more employees are interested in maintaining conditions as they are, and the more difficult it is to effect consolidation. It is easier to start duplication than to destroy it after vested interests have been created."

RESULTS OF UNION.

The following results, it says, would be attained by the consolidation of the two departments:

"1. Eliminate certain overhead charges, including salaries of administrative and executive officers.

"2. Unify, for example, the control of dental clinics, lessening the difficulties of supervision, cutting out waste motion, and effecting co-operation.

"3. Provide 80 instead of 43 nurses during July and August, when infant mortality is highest and public health nurses are most needed.

"4. Provide 20 physicians instead of 3 for these months.

"5. Decrease the average time consumed by nurses in getting from place to place, by alloting each nurse a definite and more restricted district, instead of having two groups covering the same territory.

"6. Remove all possibility of duplication resulting from two nurses visiting the same family during the same or different periods.

"7. Make it possible to deal with the family (the social unit) as a health unit instead of a bundle of fragments, some under the purview of the Board of Edueation for some of the time, some under the Board of Education and the Board of Health alternately, and some under the care of the Board of Health alone.

UNIFY WORK.

"8. Unify anti-tuberculosis work under the department legally responsible for stamping out tuberculosis.

"9. Make it possible with ease to mobilize all the health resources the city pays for to combat any health enemy whenever and wherever he may appear.

"10. Encourage the wider use of school plant by making available to health authorities every school building in the city as a health education centre for adults through lectures, travelling exhibits, motion pictures and stereopticon shows, etc.

"11. Go far to secure 100 cents' value for every dollar's worth of expenditure.

"12. Substitute complete co-operation between two governmental agencies in place of partial co-operation and dignified isolation.

"13. Foster the notion that governmental agencies are co-servants, not co-masters of the people."—*Evening Telegram.*

# Personals

Dr. Norman S. Shenstone, 196 Bloor St. West, has received the appointment of assistant to Capt. (Dr.) Irving H. Cameron, Chief of the Surgical Staff of the Ontario Base Hospital, Orpington, Kent, England. Dr. Shenstone will have the rank of Lieutenant.

Colonel McPherson, C.A.M.C., of Toronto, formerly commanding the Epsom Convalescent Hospitals, has been given command of the Ontario Government Hospital at Orpington, Kent. He was formerly in charge of one of the Field Ambulance Units. Colonel Ross, M.P.P., Kingston, Ont., A.D.M.S., of the Second Division, who was offered the position, was induced to remain in France.

---

On behalf of the Medical Profession in Toronto and throughout the Province, we beg to express to Dr. J. Orr Hastings our sincerest sympathy on the death of his esteemed wife a few weeks ago.

To Captain (Dr.) D. E. Robertson, late of 143 College St., Toronto, now on active service "somewhere in France," we take this means of conveying our kindest sympathy on the tragic death of his brother while in the trenches the latter part of March. The Robertson family are indeed "doing their bit" for the Empire.

## OFFICERS OF THE ACADEMY OF MEDICINE, 1916-17

At the meeting of the Nominating Committee of the Academy of Medicine, which took place on Friday, April 14th, the following names will be submitted to the Academy at the meeting to take place on May 2nd, as officers for the coming year:

President, Dr. H. A. Bruce.

Vice-President, Dr. John Ferguson.

Hon. Secretary, Dr. J. H. Elliott.

Hon. Treasurer, Dr. W. A. Young.

Council—Dr. J. H. McConnell, Dr. Clarence Starr, Dr. N. A. Powell, Dr. Wilbur Harris, Dr. E. E. King, Dr. H. B. Anderson, Dr. H. J. Hamilton, Dr. H. C. Scadding

Alternates—Dr. Gibb Wishart, Dr. J. Milton Cotton.

## SIR ALEXANDER SIMPSON

Sir Alexander Simpson, formerly Dean of the Faculty of Medicine and Emeritus Professor of Midwifery of the University of Edinburgh, died on April 6th from injuries received from being knocked down by a motor car.

## DOCTOR'S OFFICE TO RENT

A Toronto practitioner of over twenty-five years' standing, who recently left on active service, is willing to rent a part of his house to a medical man in good standing desiring to move into Toronto or change his city address. The house has been occupied by the owner for many years and is on one of the principal streets of Toronto with a double car line passing the door, but a few blocks from the corner of Spadina Avenue and Bloor Street. The rooms that would be available would be a consulting room, waiting room, and bedroom (furnished), with meals and service, and any medical man taking advantage of this unique opportunity will have the benefit of a well-established practice. As such an opportunity is quite unusual, we would suggest that inquiries be made immediately through "Telephone College 908."

## The Physician's Library

*Diarrheal, Inflammatory, Obstructive and Parasitic Diseases of the Gastro-Intestinal Tract.* By Samuel Goodwin Gant, M.D., LL.D., Professor of Diseases of the Colon, Sigmoid Flexure, Rectum and Anus, at the New York Post-Graduate Medical School and Hospital. Illustrated. Published by W. B. Saunders Company, Philadelphia and London. 1915.

The idea is well sustained by the author, of giving a practical treatise, without the usual useless material, covering the cause, pathology, symptoms, diagnosis and treatment of acute and chronic diarrhea and allied affections, as well as diseases consequent upon gastro-intestinal parasites. He condemns the indiscriminate prescribing of medicines, and demonstrates why they are frequently worse than none, and render the condition much more difficult to cure by the surgical measures, which he elaborately describes and has found to be the only means of cure in the great majority of cases.

The author's experience is that irrigation of the intestine and topical application accomplish a great deal, and should be resorted to more frequently than they are.

The book is profusely illustrated, written in good style, with clear type and is an excellent contribution. C.F.M.

---

*Mothercraft.*

A course of lectures under the auspices of the National Association for the Prevention of Infant Mortality of quite remarkable value has now been published under the above title by the National League for Physical Education and Improvement of London, England. It is intended as a text-book or hand-book

for health visitors and for those who work for the welfare of mothers and babies.

One of the lectures, for example, is by Miss Fitzgerald, A.R.S.I., who relates that she has made 30,000 visits to the homes of the people, and proceeds to warn others of the pitfalls which may beset the path of the health visitor or the worker in a school for mothers. After dealing in a few brief paragraphs, every one of which is much to the point, with the psychology of health visiting, Miss Fitzgerald sets forth the necessary equipment of knowledge, the practical details of the work and the outlines of general domestic hygiene.

Another lecture, which is particularly authoritative and interesting is that on "Clothing the Infant," by Miss M. B. Synge, the author of two good books on children's clothes—"Simple Garments for Children" and "Simple Garments for Infants."

Among other contributors to the volume are Professor Hector C. Cameron, Professor Amand Routh, Dr. Saleeby, Dr. David Forsyth and Lt.-Col. Ernest Roberts, M.B., D.P.H.

There is no better book on "Mothercraft." It is sensible, clear and authoritative in statement, and at the same time interesting and admirably adapted to all who work for the improvement of home and family life.

---

*Arteriosclerosis. A Consideration of the Prolongation of Life and Efficiency after Forty.* By Louis F. Bishop, A.M., M.D., Clinical Professor of Heart and Circulatory Diseases, Fordham University, New York; 383 pages, 25 illustrations. London: Oxford Medical Publications. Toronto: McAinsh & Co., Limited. Price, $3.25.

Arterial or circulatory degeneration, a condition that is commonly understood with the use of the word "arteriosclerosis," is one that is of such vital consequence to the general practitioner at the present time that any book dealing with this subject must attract a large amount of attention. The writer of this book not only deals with the subject from a scientific standpoint but from the standpoint of an observer who notes the loss of life that results from this condition, and who notes particu-

larly the type of individual who, considering himself in the best of health, is the very one who may be suffering from a condition which, until comparatively recently, was looked upon as natural age.

This volume takes this whole subject from its beginning, treating it in a most careful and reasonable manner, and explaining why certain changes take place. These changes are illustrated in a number of plates which show the microscopic appearances found in the vessels at different dates in the history of the disease.

A large number of writers on this subject have been asked by the author to give him their individual opinions, and these make very interesting reading.

From the standpoint of an examiner for life insurance, the last twenty pages take up the whole question of the way in which life insurance companies deal or should deal with this impairment.

On and beyond all this the early diagnosis and the management and treatment of these cases are treated in a most careful and lucid manner, and the probability of improving this condition leads one to realize how much may be done with these patients. The book is one that is easily read, and is written in a most engaging style, and should be in the library of every man who wishes to be abreast of the times.

---

*A Practical Manual of Bandaging.* By Duncan C. L. Fitzwilliams, Capt. R.A.M.C.T.; Surgeon in Charge of the Out-Patients to St. Mary's Hospital and to the Sick Children's Hospital, Paddington Green, etc. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1915. All rights reserved.

This little work was written in spare moments by an army surgeon on active hospital duty in Malta. It is practical and contains the essentials of bandaging. The illustrations are numerous. This work should be in the hands of all interested in this kind of work. W. J. W.

*Colon Hygiene.* Comprising New and Important Facts Concerning the Physiology of the Colon and an Account of Practical and Successful Methods of Combating Inactivity and Toxemia. By J. H. Kellogg, M.D., LL.D., Superintendent of the Battle Creek Sanitarium; author of "Neurasthenia, Its Causes and Cure," "The Art of Massage," "Light Therapeutics," etc. Battle Creek, Michigan: Good Health Publishing Co. 1915.

"Colon Hygiene" is written in a somewhat popular style, no doubt intended chiefly for the lay reader who may be interested in this important and much neglected subject.

Many of the author's rules on dietary and habits are excellent, but to some of them we have to take exception. The book contains much sound reasoning based upon long experience and close observation. W. H. P.

---

*The Sensory and Motor Disorders of the Heart; Their Nature and Treatment.* By Alexander Morrison, M.D., F.R.C.P. Senior Physician to the Great Northern Central Hospital, Physician in Charge of the Heart Cases to the Mount Vernon Hospital for Consumption and Diseases of the Chest at Hampstead and Northwood, Late Physician to the Children's Hospital, Paddington Green, and to the St. Marylebone General Dispensary. Publishers, McAinsh & Co., Ltd., Toronto. 1914.

The author, in this volume, expresses views altogether at variance with those of some of the best observers, as to the histology and function of the specialized tissues, the "Keith-Flack node," the "Tawara node," and the "Bundle of His." His conception, also, of the arrhythmous is not in accord with the best opinion, and before accepting them we must await better evidence than is available in this volume. We would have appreciated a more careful analysis and interpretation of his heart tracings with more convincing evidence of the soundness of his conclusions. Altogether the work could hardly be recommended to the student as presenting the best opinion on the subject. A. R. G.

*A Reference Handbook of the Medical Sciences.* Embracing the Entire Range of Scientific and Practical Medicine and Allied Science by Various Writers. First and second editions edited by Albert H. Buck, M.D. Third edition, completely revised and re-written, edited by Thomas Lathrop Stedman, A.M., M.D. Complete in eight volumes. Volume Six. Illustrated by numerous chromolithographs and 490 half-tone and wood engravings. New York: William Wood & Co. 1916.

It was with pleasure that we recently received the sixth volume of "The Reference Handbook," a work that is a great credit alike to both our good friend, Dr. T. L. Stedman, and the publishers. Volume Six contains over five hundred separate articles and is splendidly illustrated by approximately four hundred and fifty cuts of all kinds, with a number of full-page plates reproduced in colors. This volume includes subjects from "Ligation of Arteries" to "Ozoena." To do justice to such a mammoth undertaking, the reviewer should not attempt to "criticize" without several weeks' careful reading and study, so that we do not pretend to be able, in the very limited space allotted to us, to do justice to the volume, and would not review it for some months were it not that the publishers are anxious that the profession should know of it at as early a date as possible.

As stated several times in *The Journal,* "The Reference Handbook" is one of the most comprehensive works on medicine ever attempted by any firm of publishers and must represent a very large investment indeed. It will interest the Canadian profession to learn that among the list of contributors to Volume Six we find such names as Dr. A. D. Blackader, Montreal; F. A. L. Lockhart, Montreal; Alexander McPhedran, Toronto; F. J. Shepherd, Montreal, and Beaumont Small, Ottawa. The purchaser of the third edition, as edited by Doctor Stedman, may rest assured that he is the owner of a work on medicine that will be looked upon as an authority for some years to come.

# The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XXXIX. TORONTO, JUNE, 1916 No. 6

## Editorials

### ROUTINE NURSING CARE OF LAPAROTOMIES

It is very difficult to frame rules for the establishment of routine care of any type of case in the hospital, since the style would have to be as profound as in legal documents in order to leave no possible loophole for mistake. To aim at ultra-simplicity leaves too much to the untrained imagination of the nurse. To explain at too great length results in the application of details thus specified to cases they do not fit. Yet we all know how vital it is to the welfare of the patient at this critical juncture to have every point carefully and correctly handled. It is the inevitable duty of every surgical staff connected with a training school for nurses to frame its nursing technique and to select from itself a capable, thorough teacher who will impress these lessons on the nurses early in their training. The best method for him to discuss with them the care of laparotomies, for instance, is to tabulate all their varieties, hysterectomy, hernia,

cholecystectomy, etc., and to tabulate, opposite them, all the nursing features, *i.e.*, preparation for physical examination on admission, preparation of specified areas for operation, requirements of anesthetist, required articles for the surgeon, transportation to the ward, medication, diet, position, period in bed, convalescence, support, and clothing. Then, by taking one sort of case, *e.g.*, hysterectomy, and to it appending its complications, one may affix to it all the correct nursing features, in a series of lines like "mimic florets" of a sunflower, eliminating the spoken but unwritten errors that *are not to be* committed with each. The same intensity of earnestness is needed in a lesson of this sort as would be shown in any episode on a ward where a nurse had made a fatal error with the surgeon's patient.

When the patient has been under a physician's care for so long that he has found conditions requiring surgical interference, she is admitted to the hospital and her history taken for statistical or community benefit. The nursing element enters into the case the moment a fresh-faced nurse in her white linen and gingham appears to escort the patient to her appointed bed, and first impressions are powerful. Gentleness, kind reassurance, and an air of capability influence the patient strongly towards taking her anesthetic peacefully, and quelling her opinion that she has a right to be "good and sick" while she is about it!

The wet, cold, sloppy preparations of bygone days frightened people much more than the actual opera-

tion, which they could not feel. The swathing of the body in cold, wet cloths, forgetting an extra woolen blanket and a warm water-bottle, made the night pass in misery, and the bacteria of the skin revelled in the picnic thus afforded them. The stern orders, Pulv. Glyc. Co. ℥ iii, or castor oil ℥ i, followed by enemata till the return was clear, prostrated what vigor the patient had left by morning, tired the nurse, and wasted time. What an incalculable amount of pain has been endured as a result! Gas, weakness, pain, distention all accompanied this preparation as a post-operative sequel. But now, how different! The modern preparation, consisting of a shave and iodine, takes only a few moments, leaves the patient dry and fit for sleep, and releases the nurse for other important tasks. The results are excellent.

The atmosphere of the anesthetic room controls the behaviour of the patient while unconscious. If the doctors and nurses attend strictly to business, and handle the patient gently, she " goes off " easily into a calm anesthesia at once.

The manipulation of the wound and deep-seated tissues used to be none too considerate. But we know now that the most meticulous care is required in handling these most delicate of all substances, since abrading them, nay, even letting them get too dry, causes friction and adhesions later. There should be no leaning on the abdomen, no bruising by the weight of an instrument, no squeezing with a clamp where a

ligature can be used, no careless flinging about of loops of intestine, and no exposure to chilly or dry air. There used to be a complaint that operators were slow. But operating can be " speeded up " now in these ways: (*a*) by better nursing assistance, (*b*) by the invention of special instruments, and the actual operating must not proceed fast to be merely spectacular. The moment the bowel is exposed it should be covered with hot wet sponges wrung out of normal saline and changed frequently. These " tape sponges " have a long loop which is passed over a heavy ring that drops below the wound outside, so as to keep the sponges *in situ*. The wonderful lubricant supplied to all serous membranes must not be washed off by dry gauze.

A very popular treatment preceding operation, and absolutely innocuous in the normal case, is morphine gr. 1-4 and atropine gr. 1-50 by hypo. one-half hour before. This calms the nervous fears of the patient, aids the anesthetic, and renders the respirations safe.

There should be a lavage set constantly within reach and employed for threatened severe vomiting, followed by a hypo. of eserine salicylate, gr. 1-60, *after the patient's binder has been applied*, and before leaving the operating-room, to be administered as ordered by the attending surgeon, till the bowels move naturally. With all true instruction to nurses comes the point that they must watch for results. Eserine is given to induce peristalsis. They

must, therefore, listen for flatus, and watch reduction of distention.

It has been recently ascertained that plain water is better than saline for rectal injections. This simple treatment, half a pint every four hours, has done wonders in allaying the old-fashioned post-operative discomfort. It relieves thirst, sets up peristalsis, and induces a much-desired flow of urine. A half pint is a large amount to begin with, and must be reduced by one ounce frequently.

Drugs when given by rectum are administered in much larger quantity than by mouth. Aspirin has had a great vogue as a relief for many ills, in doses of grs. v every four hours, and as a post-operative analgesic it seems to produce great benefit in doses of grs. xx dissolved in the injection of water. It is a salicylate and, like its brothers, is better administered in that way, and can be procured in a highly soluble powder. Very often the bowels move naturally as a result of the eserine and the injections of hot water (110 deg.).

A wonderfully inventive and very radical surgeon instituted the treatment of getting laparotomies out of bed shortly after operation, and in one early instance operated on the daughter of one of his clinical assistants who, though disapproving very strongly of this extreme method, stood by unflinchingly while his lovely girl was moved from her bed to a chair one day after the incision was made. But she made a perfect recovery. This method has been modified by some surgeons, but the general rule is to

begin motion outwardly, by having the nurse turn the patient soon after she comes out of the anesthetic. This must be done with skill, and a correct way cannot be divined by a nurse. It must be demonstrated to her by one who knows, and who better than the surgeon? The patient is turned on her side, in a straight line from shoulder to hips, then lifted gently at the hips, backward, into the centre of the bed. Quickly a small soft pillow is placed under the abdomen, so that it will not sag down into empty space with all its painful contents. Another soft pillow is placed behind the back for a prop. A third is placed under the top knee, which is flexed a little more than the lower, the whole posture partly resembling the Sims. The surgeon's assurance is necessary at times, the patient thinking by old standards that the nurse errs. A ruptured appendix case may with advantage be kept on its face for two days. Otherwise a Gatch bed is necessary, the patient being kept at just such a slight angle that the collecting fluid will not pass down over the true brim of the pelvis. The position sought for by using the Gatch bed may be improvised as follows:

(1) A back rest.

(2) A pillow to sit on.

(3) A board underneath the spring, below the hips.

(4) Pillows at the back and under each arm.

(5) A long sling, made of a sheet folded diagonally, running under the buttocks, and fastened to the

head of the bed, made like a seat in a swing by holding a square folded sheet.

(6) A second similar sling, for the feet, with a padded sheet, and tied to the long bars of the bed frame.

If the patient is carefully turned from side to side, and with regular, prompt willingness, she will not exceed necessity in petulant requests. Nature is aided in her smooth interior workings, manufacturing lubricants and pushing delicate structures cautiously about.

This prepares the patient to be removed from the bed to a chair about the fourth day, on an average, but *without touching* her feet to the floor. She must wear a well-made, well-applied Scultetus binder with a perineal strap. In these ways pneumonia and adhesions are prevented, peristalsis secured, and the patient's courage and endurance fostered, putting to death all neurasthenic proclivities.

---

## PUBLIC SCHOOL MEDICAL INSPECTION

THE Toronto City Council set a good example in public economy when, two weeks ago, they decided to materially reduce the amount of money asked for by the Board of Education to continue their system of Medical Inspection in our Public Schools. In so doing, the Toronto taxpayers were saved nearly twenty-five thousand dollars a year.

The Ontario Government were poorly advised in turning down the recent request made by the City

of Toronto to allow the Medical Inspection of our Public Schools to be transferred to the Medical Health Department, though the refusal was almost expected, judging from their actions toward the municipality in the past.

There is not now, nor has there ever been, any department in the City Hall, where such rank, uncalled-for and outrageous extravagance has reigned supreme as in the Board of Education. We wonder whether there really can be one member of that Board who is a business man, or one who can have the slightest consideration for the taxpayer. We think not. It would almost look as if each and every member of that Board makes it his personal business to see just how much he can spend. He does not give a snap of his fingers for the man who foots the bill each year. No. They are secure, they think, for two years, so "let her go." The Board takes the stand that the Board of Control *must* supply whatever sum, in their wondrous wisdom, they care to request, even to the extent, perhaps, of equipping our Public Schools with Circassian walnut desks and our children with silver-plated tooth brushes, pasteurized milk in bottles bearing the Board of Education's coat of arms, and Rolls-Royce automobiles to and from school on rainy days.

We will hope that the Board of Education will have sufficient common sense left, something they sadly lack, to yet act in conjunction with the Health Department and do two things, first, employ fewer

Doctors and only Doctors who are more or less specialists and, second, hand over their nurses to the Health Department, in order to avoid the duplication of work, to which we have referred in recent issues.

Medical Inspection *properly carried out* is all right, but as at present conducted is a ludicrous farce and the Board are getting their just desserts.

---

## THE ONTARIO MEDICAL AND THE HEALTH OFFICERS' ASSOCIATIONS

ON account of the date of issue, we are unable to report either the Fifth Annual Conference of Health Officers or the Ontario Medical Association, both of which will be in session as this issue of THE JOURNAL comes off press. We expect, however, to devote considerable space to these conventions in our July number. We trust that the meetings referred to will be a phenomenal success.

# Canadian Journal of Medicine and Surgery

## Editors


**Surgery:**

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

**Clinical Surgery:**

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

**Orthopedic Surgery:**

B. E. MCKENZIE, B.A., M.D., Toronto; Surgeon to the Toronto Orthopedic Hospital; ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association. W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto.

**Militia and Naval Medical Services and Ambulance:**

J. T. FOTHERINGHAM, M.D., Lieutenant-Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator CHAS J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

**Medical Jurisprudence and Toxicology:**

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

**Hospital Administration:**

MISS AMY A. ARMOUR, R.N., Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Assistant Medical Superintendent Toronto General Hospital.

**Pediatrics:**

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. GORDON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto.

**Medicine:**

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M.D., M.R.C.S., Eng., Toronto.

**Clinical Medicine:**

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

**Mental and Nervous Diseases:**

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Gynecology and Obstetrics:**

B. P. WATSON, M.D., Edin., F.R.C.S., Edin.; Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

**Pathology:**

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto.

**Ophthalmology:**

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear:**

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

**Dermatology:**

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital

**Managing Editor:**

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.



Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

*Reprints supplied at Net Cost*

# Original Contributions

## DANGER SIGNALS IN ANESTHESIA

SAMUEL JOHNSTON, M.D., TORONTO.

In a patient under the influence of an anesthetic, the more obvious changes are indicated by changes in the respiratory and circulatory systems.

First, under the head of Respiration:—

When a patient under what might be called the normal condition in any of the first three degrees of anesthesia, has any change in respiration, this should put the anesthetist on his guard.

If the respiration becomes faster and more shallow, or faster and deeper than the usual rate under the degree indicated, it cannot continue long, if the administration is persisted in, without showing evidence of failure.

If the respiration becomes stertorous, it is an indication that the patient is not getting enough air.

If stridulous breathing occurs, and the anesthetic continued, respiration will gradually become slower and more labored and eventually cease.

If inspiration becomes short, and expiration prolonged, I take it as a very grave sign, and the condition must be dealt with immediately.

If the breathing becomes very quiet and shallow, although it may be regular, I take it as a warning that the patient is either too lightly under, or too deeply under the influence of the drug, the anesthetist then being under the necessity of differentiating between these two states by other signs.

Sometimes the respiration will change from normal to that resembling Cheyne-Stokes. This is always alarming, and if the anesthetic is continued breathing ceases.

If the inspiration and expiration are both quick and short with a peculiar sighing phonation striking a sort of pathetic note, I have always observed, if the anesthetic is continued that respiration ceases. Noisy breathing associated with cyanosis, shows that obstruction of the airway, either nasal, laryngeal or pulmonary is present, which, however, may be due to nothing more than mucus.

Laryngeal spasm is sometimes produced by irritation as well as obstruction. It may be due to too rapid administration, producing an alarming condition, even proving fatal if the anesthetic is not withdrawn.

Second, under the head of Circulation, the two main indicators are the color and the pulse.

If the color changes from normal to purple, and from that to pallor, the pulse will soon change for the worse.

If pallor only is present, this symptom is even more grave than the one just mentioned. I take it as an indication that the circulation has become suddenly depressed, either from too much of the anesthetic or from shock of the operation, or both. This condition will sometimes occur when the patient is too lightly under, and the vomiting reflex is beginning to manifest itself.

Occasionally the first sign of circulatory depression is indicated by pallor around the mouth, extending up and around the alae nasi.

The ears or lips becoming pale, particularly the latter, is always a sign that circulation is failing.

With these changes in the color, there is always a corresponding change in the pulse, which, however, may not be perceptible at the first change of color.

If the pulse becomes quick and small or irregular, it is an indication that the circulation is being seriously affected.

Sometimes this pulse will become suddenly full and bounding without any noticeable change in the color. My experience is that this is a grave sign. This indicates probably a paralysis

of the inhibitory mechanism of the heart, and it acts as if the reins have been thrown away, soon to run itself out.

However, generally speaking, one cannot dissociate the color and the pulse, the former is the indicator of the latter.

One cannot consider the question of danger signals in anesthesia and leave out the pupil reflexes.

Oftentimes the first indication that something is wrong, is the dilating of the pupil with no other visible signs of danger.

If the pupil dilates and continues to do so, I always take it as a danger signal. It may only mean that it is a reflex from some manipulation of the surgeon, the patient being too lightly under.

Even this may be disastrous if the anesthetic be continued during such manipulation.

On the other hand if the pupil dilates widely, the color becomes pale or livid, and the pulse changes for the worse the patient is in a very serious condition.

---

## AN APPRECIATION OF DR. B. E. McKENZIE

JOHN HUNTER, M.B., TORONTO.

The loss, by death, to home, community, State and vocation, may be considered from the effects produced on family, civic, political or professional ties. The loss of Dr. McKenzie to wife and family would be overwhelming, and irreparable could not the bereaved ones, amid the encircling gloom, hear a voice saying, "I am the resurrection, and the life; he that believeth in me, though he were dead, yet shall he live; and whosoever liveth and believeth in me shall never die." There is also the heartfelt sympathy, not only of the members of his own profession, but also that of thousands greatly blessed by his own skill, and self-sacrificing attention, but by tens of thousands who were helped by others to whom he had imparted knowledge.

In civic life Dr. McKenzie was known as an intelligent, active, courageous and scrupulously honorable citizen. He was always at, or near, the head of the table in every reform movement in which he was interested. He never assumed an attitude of aloofness—alas, so common—where "wrongs had to be righted." He acted on Emmerson's advice, "Stand by your own honest convictions, with good-natured inflexibility, the more so when the cry of voices is against you." Many have challenged the wisdom of some of his methods, but none dare challenge the sincerity of his convictions. His business acumen, and his zeal were potent factors in establishing the Orthopedic Hospital.

Dr. McKenzie was a splendid type of what a politician should be. Measures that made for the welfare of the people claimed his undivided attention. He became a candidate on the Prohibition Platform in a constituency where the party ideals were overwhelmingly against him. He was spared to see the cause he championed win a notable victory.

It was, however, in his own vocation that Dr. McKenzie was best known, and here the loss will be most keenly felt. It fell to his lot to do the lion's share of the pioneer work in getting orthopedic surgery, not only its legitimate recognition, but also adequate accommodation for carrying on this work successfully. A quarter of a century ago, in so far at least as Toronto was concerned, orthopedic surgery was looked upon as somewhat of a third, or fourth grade, side-line in surgery. Most of the orthopedic cases were sent directly to the instrument makers, and what he couldn't do was not thought worth doing. Dr. McKenzie changed the whole attitude toward orthopedic surgery, and the Orthopedic Hospital is his monument. We are told that if we would see Sir Christopher Wren's handiwork, go to St. Paul's Cathedral and look around, so if we wish to know something of McKenzie's work in orthopedic surgery go to this hospital and look around. How high up in the niche of fame in orthopedic surgery his name will be carved must be decided by his confreres in that special work, but it is well known to the rank and file that his great skill entitles him to a higher place.

We cannot leave the father without our tribute of praise to his three patriotic sons. In this awful crisis in the life of our

Empire, when our young men are brought face to face with the most appalling conditions in the history of the world, Dr. McKenzie's three sons, with no compulsion save that of a stern sense of duty, of noble patriotism and of dauntless courage have answered the call—that spirit of our age and Empire that symbolizes the claims of justice, and of liberty for every race and nation—for the weak as for the strong, since:

"There is but one task for all—
For each one life to live,
Who stands if freedom fall?
Who dies if Britain live?"

# Society Proceedings

## THE ACADEMY OF MEDICINE, TORONTO

The Ninth Annual Meeting of the Academy of Medicine took place at 13 Queen's Park, on Tuesday, May 2nd, at 4 o'clock. The programme was, to a large extent, quite formal and consisted of receiving the Reports of Council, Trustees, Standing Committees. Report of the Honorary Secretary, Reports of Sections, Report of the Honorary Treasurer, Reports of Special Committees and the Election of Officers.

We would like to take this opportunity of congratulating, particularly, the President and the Honorary Secretary on the result of the Academy year. It must be exceedingly gratifying to Dr. W. H. B. Aikins to think that the Academy has had so successful a year, notwithstanding commercial conditions and the absence of between eighty and ninety of the Fellows on active service.

During the past year the Council of the Academy continued its progressive and aggressive course, inaugurated on the establishment of the Academy, in an endeavor to advance and safeguard the best interests of the Fellows and of the medical profession in Toronto. A determined effort has been made of recent months to increase the membership by the inclusion of many excellent practitioners on the roll, and this effort was not without success, as fifty-three of those who made application were duly elected to Fellowship, which now stands at 421. Life Fellowship was conferred upon Dr. H. Hunt, and Honorary Fellowship on Dr. J. A. Temple. The Academy sincerely regrets the loss by death of Drs. Bruce Smith, B. E. McKenzie, and H. C. Burrett, all of whom were held in the highest esteem. The Academy has missed, during the

past twelve months or more, many confreres, who are now on active service who almost all were most energetic in assuming their share of the scientific work of the Academy. Their absence, however, only stimulated those left at home, who took up and maintained the high standard of the work of previous years. Notwithstanding the fact that eighty-three Fellows are now overseas, the average attendance at the stated meetings was one hundred and twenty-four. The Programme Committee, during the past session, secured the attendance of such well-known authorities from the United States as Dr. Manton, of Detroit, Dr. J. A. Fordyce, and Dr. Snyder, of New York City. The profession in Toronto certainly appreciated the kindness of these gentlemen in coming to Toronto and favoring the Fellows of the Academy with addresses of specially scientific interest and in further strengthening the bond of regard which exists between the profession of Canada and that of the United States. Some of the regular meetings held during the winter were of particular interest, one on "War Conditions," by the Vice-President; a second on matters vitally affecting the welfare of the profession; The Medical Commission; The Workmen's Compensation Act; A brilliant Symposium on the subject of Nephritis and one on Anesthetics. Two committees were appointed by the Academy—The Hospital Supplies Committee, with Dr. N. A. Powell, as Chairman, and the Registry for Nurses under the chairmanship of Dr. H. J. Hamilton. The principle of the establishment of a Registry for Nurses was adopted by the Academy, and the committee named to elaborate the essential details.

Owing to so many of its Fellows serving under the Colors, the President and Council of the Academy very graciously and sympathetically acknowledged the services of the Nursing Sisters by placing the Academy building at the disposal of the military authorities for the funeral service of Nursing Sister Ross, of Stratford, who had served at both Exhibition Camp and No. 1 Military Convalescent Hospital.

We understand that very kindly comments have been passed by the Nurses in and around Toronto regarding this action.

The Council Committees during the winter were: Patriotic Relief, Dr. H. B. Anderson, Chairman; Medical Commission,

Dr. A. J. Johnson, Chairman; Workmen's Compensation, Dr. J. Milton Cotton, Chairman, and the Committee *re* Midwives, Dr. E. E. King, Chairman. The Milk Commission was discontinued. The Annual Report of the Honorary Treasurer was exceedingly satisfactory, showing a balance on the right side of the ledger.

The Council of the Academy of Medicine for 1916-17 will be as follows:

Past President, W. H. B. Aikins; President, H. A. Bruce; Vice-President, J. Ferguson; Honorary Secretary, J. H. Elliott; Honorary Treasurer, W. A. Young.

Elective Members of Council: J. H. McConnell, N. A. Powell, C. L. Starr, Edmund E. King, W. H. Harris, H. B. Anderson, H. J. Hamilton, H. C. Scadding.

Chairmen of Sections: Medicine, F. A. Clarkson; Surgery, Chas. B. Shuttleworth; Parology, F. W. Rolph; *Ophthalmology and Oto-Laryngology, W. Arrell, Hamilton, Ont.; State Medicine, Gordon Bates; Pediatrics, B. Hannah.

*Dr. Angus Campbell, Secretary of the Section, to represent Dr. Arrell on the Council.

Secretaries of Sections: Medicine, G. W. Ross; Surgery, W. A. Cerswell; Pathology, R. D. Defries; Ophthalmology and Oto-Laryngology, Angus Campbell; State Medicine, C. M. Hineks; Pediatrics, Alan Brown.

Editors of Sections: Medicine, H. M. Tovell; Surgery, C. H. Hair; Pathology, H. K. Detweiler; Ophthalmology and Oto-Laryngology, F. C. Trebilcock.

The final meeting of the Section of Medicine for the year 1915-16 was held on April 11th, with Dr. Thistle in the chair. The following was the programme:

### Cerebellar Ataxia.

Dr. Joseph Graham presented the case of a child of two years which had never been able to walk well, and which at the present time had a markedly ataxic gait. It had been a full term child, but the labour had been a dry one. The knee-jerks were present and active. There was no spasticity and no nystagums. The Wassermann reaction had not been taken.

The mentality did not seem to be affected, and the eye grounds were normal. The disease was considered to be a degenerative neuron condition falling under the group of cases known as progressive cerebellar ataxia.

In discussing the case, Dr. Thistle thought that the condition might be an atypical example of those cases of diplegia known as Little's disease.

Dr. John Ferguson thought Little's disease and cerebral tumour could be ruled out. The active knee-jerks were against the possibility of Friedrech's ataxy. Syringonyelia was a condition which should be considered.

### Cerebral Tumour.

The second case presented by Dr. Joseph Graham was that of a boy of twelve who had suffered from periodical attacks of pain in the frontal region for the last five weeks. In these attacks the eyes were closed, the head retracted, the knees drawn up, the region about the right eye swollen, and occasionally there was unconsciousness. The Wassermann reaction was negative and there had never been any projectile vomiting. The gait was normal. The head was large, measuring 23½ inches in circumference. The deep reflexes were normal. Dr. Walter Wright described the condition of the eyes as follows: The pupils reacted normally and there was almost full vision in both eyes. There was slight pallor of the right disc which at the same time was swollen and accompanied by large engorged tortuous veins. The left disc was decidedly pale. The diagnosis was cerebral tumour of doubtful location.

### Acute Mercurial Poisoning.

Dr. G. W. Ross showed a case of very severe mercurial poisoning in a woman, who had so far recovered that the red blood cells were now 4,000,000 with 62 per cent. hemoglobin. The patient had been able to walk from the General Hospital to the Academy meeting. The poisoning had taken place on March 15th from the insertion of a bichloride of mercury tablet into the vagina. The patient had become unconscious and for

a time had almost complete suppression of urine. There was ulceration in the vagina and on the mucous membrane of the mouth and tongue. There were albumen, red blood cells and casts in the urine. The blood picture at one time showed 2,500,000 red blood cells and 48 per cent. hemoglobin. Consciousness had slowly returned and the patient had gradually improved until she had reached her present condition. The case was one of toxic nephrosis, and it was unusual to get recovery in such severe poisoning. The Wassermann reaction was strongly positive three weeks after the poisoning had occurred. The treatment was eliminative and magnesium sulphate had been given intravenously.

Dr. Campbell, of the General Hospital, described the analysis of urine and said that the case was interesting from the fact that it could be duplicated in the laboratory. Organic and inorganic constituents, as well as water, were stated to be excreted through the proximal convoluted tubules of the kidney while water alone was excreted through the glomerulus. The larger part of the poison was eliminated very rapidly and there was retention of salt, water and nitrogen. The creatinine, non-protein nitrogen and sugar were increased in the blood stream. The water and salt retention had been responsible for the edema which had been present. The specific gravity of the urine had been very low. As the nephrosis was passing off the urine became nearer to normal and was increased in amount with low specific gravity and showers of casts. The creatinine in the blood began to fall before the clinical improvement was manifest. The creatinine and non-protein nitrogen were both normal in the blood at the present time. The treatment was to give a salt free diet of low nitrogen content. Water was the most efficient diuretic, but diuretics should be given only during recovery and not at the height of the disease. The potassium salts were not indicated as diuretics because potassium poisoning takes places very easily.

Dr. Copeland remarked that the kidney damage was proportional to the concentration of the poison in the blood, and suggested that it would be well to give water and at the same time purge in order to dilute the poison in the blood.

### Patent Ductus Arteriosus.

A case of patent ductus arteriosus in a soldier who had collapsed after reaching Shorncliffe, England, and from there was invalided home, was shown by Dr. John Oille. The only symptom was dyspnea on exertion. There was general hypertrophy of the heart with increased dullness on percussion in the transverse direction. In the second and third left interspaces there was a well-marked thrill in late systole and continued into diastole. Over the upper part of the front and back of the chest there was a loud continuous murmur. It was remarkable how such a case should have been accepted by the military authorities for active service.

### Puerperal Septicemia Treated with Eusol.

Dr. J. H. Elliott reported the case of a woman who was delivered without forceps on December 24th, 1915. On the next day the temperature was 102 and the base of the right lung was dull. On December 31st she was admitted to St. Michael's Hospital. At that time there was a leucocytosis of 27,000. The chest was explored and a clear fluid which showed a streptococcus on culture was obtained. A streptococcus of the same variety was also obtained from the blood. Soon the respirations went to 46 and the pulse to 138, and the condition became extremely serious. Anti-streptococcus serum was given without any good result. The patient became drowsy, had involuntary urine, and the condition seemed hopeless. On January 11th, 100 c.c. of eusol was given intravenously and the temperature became normal in the evening for the first time since the onset of the illness. Two more injections were given at later dates, and the resection of a rib was done to relieve the empyema which had developed. The patient was now practically well, except for slight rises of temperature which are the result of the chest condition. The blood culture was now negative.

Dr. Cerswell, in discussing the case, described a case of his own which had been cured by similar treatment.

Dr. Julian Loudon described a case which he had seen in consultation with Dr. G. W. Graham. The patient had been

delivered about three weeks previously, and had had an elevation of temperature since parturition. She was obviously suffering from septicemia, and appeared acutely ill; 100 c.c. of eusol was given intravenously. The effect was almost immediate and the temperature fell to normal. After a couple of days there was again an elevation of temperature but not to the same degree. While contemplating the administration of a second dose the temperature fell to normal again, after remaining up about three days. Since that time it has not risen. The formula used for the preparation of the eusol was boric acid 25 grams, bleaching powder 25 grams, sodium chloride 8.5 grams and water 1 litre. Another similar case had been treated the day previous to the meeting, but there had not been sufficient time to describe the effects of the drugs.

# Militia and Naval Medical Services and Ambulance

## DR. EDNA GUEST, TORONTO UNIVERSITY GRADUATE, NOW IN CHARGE OF A WAR HOSPITAL

Dr. Edna Guest is, so far as is known, the only Canadian woman physician who has received a Government military appointment since the beginning of the war. On her way home from India, where Dr. Guest has been for the past three years, she was appointed by the British War Office to a post in the Northamptonshire War Hospital at Duston, Northampton, with the rank of captain, attached to the surgical branch.

Dr. Guest is the daughter of an Ontario farmer and was born on a farm near Lucan, Ontario. She was educated at the Lucan High School and entered on an Arts Course at the University of Toronto only ten or eleven years ago. After two weeks spent in the Arts course, Miss Guest wrote home that she had transferred to the medical course, and so began her career in medicine. She graduated in 1910 and subsequently received an appointment in the Women's and Children's Hospital in Boston. During her year in Boston she was able to do some post-graduate work at Harvard. Returning to Canada in 1911 she entered private practice in Toronto, remaining in practice for a year and a half. In 1912 she accepted an appointment in the Women's Medical College, Ludhiana, India. At Ludhiana she held the chair of anatomy and was first assistant in surgery. It was the opportunity for experience in surgery which attracted Dr. Guest to India. On the outbreak of the war she volunteered for service, and it is understood that her surgical experience impressed the War Office favorably.

On her way home from India Dr. Guest obtained opportunities to visit the military hospitals in Egypt and France. Landing at Folkestone she visited the military hospitals there and later, through the kindness of Dr. Louisa Garrett Anderson, saw through the great London military hospitals. Dr. Louisa Garrett Anderson was the head of the Women's Hospital in Paris, established and officered by women, which was reported on so favorably by the military authorities that Dr. Anderson was recalled and placed at the head of one of the large London military hospitals with the rank of major. On noticing Dr. Guest's appointment, Dr. Garrett Anderson was so gratified by this further recognition of the work of women physicians by the War Office that she at once wrote to her in the kindest terms offering any assistance in her power. In this way Dr. Guest had an excellent opportunity to see the latest improvements in military hospitals in London and, later was summoned to Duston before the Northamptonshire War Hospital had been opened to advise in fitting the operating room. The Northamptonshire War Hospital is situated in buildings formerly used for an asylum. It holds 1,000 beds and receives the wounded in 48 hours from the trenches.

---

## DR. HONORIA KEER, ALSO OF TORONTO, NOW IN CORSICA

Canada has a share also in the medical career of Dr. Honoria Keer, who was born in Toronto between twenty and thirty years ago. Dr. Keer is the daughter of the late Major-General Keer, of the Bengal Staff Corps, and of Mrs. Keer, now resident in Scotland, who was the daughter of a well-known Scottish clergyman, the Rev. Alexander Somerville. Mr. Somerville was heir to the Earldom of Somerville, but never took the title. Many of Mrs. Keer's friends in Toronto remember her vivid personality with affection. She is a remarkable woman, and while here was noted for her charitable works. Dr. Honoria Keer was then a grave little girl with dark hair and beautiful eyes. She could not have been more than six or seven years old when

she left Toronto and went to Scotland with her parents. She is now a graduate of Glasgow University, with degrees in Arts and Medicine. After graduating in 1912 Dr. Keer held various appointments as an interne until the outbreak of the war, when she volunteered for service with that wonderful organization, the Scottish Women's Hospitals. Dr. Honoria Keer worked in Serbia, was for a while in Saloniki, and is now in Corsica with 6,000 Serbian refugees. It is of interest to note that Dr. Keer's half-sister, during the Boer War and subsequently, was the matron-in-chief of Queen Alexandra's Imperial Nursing Service, which is the nursing service of the British army, and which was reorganized during the reign of King Edward VII. Having retired in the ordinary course from the military nursing service before the war, Miss Keer at once offered her services and is now the head of one of the branches of the Territorial Nursing Service.

## FURTHER HONORS FOR MEDICAL MEN

Lieut.-Col. Wallace Scott was recently promoted to a full Colonelcy.

Lieut.-Col. Frederick Etherington, Lieut.-Col. Samuel H. McKee and Lieut.-Col. Evans Greenwood Davis, of the Canadian Medical Service, were recently honored by being made Companions of St. Michael and St. George.

Lieut.-Col. R. D. Rudolf, who has been on Active Service almost since the outbreak of the War, returned recently to Toronto. Dr. Rudolf has been in charge of General Hospital No. 2, "somewhere in France." His leave has been granted in order that he may place his war experience at the disposal of the University of Toronto and assist at the special Summer Ses-

sion of the Medical Faculty which has been arranged in order to shorten the course of the medical students by at least one year, leaving them free for war service in December next.

---

Number 7 Canadian General Hospital and Number 3 Stationary Military Hospital returned from Egypt last month and are now "somewhere in France."

---

Miss Nina Rodgers, who has been Superintendent of Nurses at the Berlin and Waterloo General Hospital for some years, has resigned, and intends giving up nursing.

---

Information recently came to hand to the effect that Lieut.-Col. Evans G. Davis, Commanding Officer of No. 3 Stationary Military Hospital, has been honored with a C.M.G. Lieut.-Col. Davis took command of the unit when Lieut.-Col. H. R. Casgrain, of Windsor, was sent back to Alexandria from Lemnos, owing to illness.

---

Among the graduates of the University of Toronto who were honored by their Alma Mater at the Convocation held on May 19th, was Lieut.-Col. G. G. Nasmith, Ph.D., C.M.G., who received the Degree of LL.D., as the highest recognition the University can give to one of her sons who has achieved distinction in France.

---

Dr. Norman K. Wilson, of Bloor Street West, who left Toronto on Active Service last summer and who went through the Dardanelles campaign, was recently appointed Chief of the Department of Nose and Throat at the Ontario Base Hospital, Orpington, Kent, England, with the rank of Major. Major Wilson spent a month in Edinburgh last winter, doing post-graduate work and has recovered nicely from his illness contracted on the Gallipoli Peninsula.

# Personals

Dr. Arthur W. Mayburry, 569 Spadina Avenue, Toronto, desires to announce to the members of the medical profession that he will move early in May to 329 Bloor Street West (the residence of the late Dr. J. D. Thorburn, near corner of Bloor and St. George Streets).

We wish to take this opportunity of conveying to Col. (Dr.) and Mrs. Marlow our condolence on the recent death of their little daughter.

The Profession will regret to learn of the recent illness of Dr. Allan Baines, Bloor Street West. We are glad that the Doctor is slowly recovering.

Dr. G. Sterling Ryerson having retired from the Presidency of the Canadian Red Cross Society will henceforth devote his entire time to the practice of his profession.

It is understood that Dr. W. F. Verrall, of Vancouver, British Columbia, who was a former partner of the late Dr. B. E. McKenzie, will assume the Medical Superintendency of the Toronto Orthopedic Hospital about June 1st. He will be associated with Dr. Elizabeth Stewart.

# Obituary

## TRAGIC DEATH OF CAPTAIN DOCTOR N. J. YELLOWLEES AT SALONIKI

It was with genuine sorrow that the Profession learned on Sunday, May the 7th, of the accidental death by drowning at Saloniki of Captain Dr. N. J. Yellowlees, of Toronto. The news came as the greatest surprise, the last word received being that all of the Staff of No. 4 University of Toronto General Hospital were well and happy. Captain Yellowlees was an exceedingly popular officer and it seems but the other day that we received from him a long newsy letter (which appeared in our February issue) giving us an account of all of their doings. The drowning of Captain Dr. Yellowlees is the first break in the ranks of No. 4 Hospital by death, and his sudden taking has cast a gloom on not only the entire Staff now in service in Greece, but among his many friends in Toronto. We take this opportunity of conveying to his parents our sincere sympathy in their heart-breaking bereavement.

## THE LATE ROBERT MORRISON CURTS

Among the many Canadian medical men who have attained positions of eminence in the United States, there have been few who have at the early age and so entirely by his own efforts, as the late Dr. Robert Morrison Curts, the notice of whose death on April 16th came as a great shock to his many friends in Ontario.

Dr. Curts was born in Ontario in 1871, his father being a prominent clergyman. He was a student at Trinity Medical

College, and graduated at Trinity University with the Class of 1892. He was considered a good student, and was one of the most popular and highly esteemed members of his class.

After graduation Dr. Curts began practice in Paterson City, New Jersey, where his personal magnetism, courageous character and sound clinical judgment soon attracted the favorable notice of both his colleagues and the public. He became recognized as one of the most eminent surgeons practising in the State, being organizer and first President of the Surgical Society of New Jersey. At the inauguration of the American College of Surgeons he was not only elected to fellowship, but has served on the Board of Governors of the Association since its formation. He was also a Past President of the Passaic Medical Society. In addition to the work which he accomplished in his profession, he took an interest in civic affairs, and was also a member of many fraternal and social organizations.

## DEATH OF DOCTOR McMICHAEL, OF DETROIT

Dr. Albert McMichael, fifty-six years old, one of the best-known physicians in Detroit, died at his home on April 29th. Death resulted from blood-poisoning and Bright's disease. Dr. McMichael was a graduate of the Medical School at Trinity College, Toronto.

## DEATH OF DR. ANGUS McKAY, INGERSOLL

Following an illness of several months' duration the death of Dr. Angus McKay, who for sixteen years represented South Oxford in the Legislature and who was one of Western Ontario's widely-known medical practitioners, occurred at his home on May 7th. Although confined to his home for the greater part of a year it was only recently that he took to his bed to await the final summons. He won for himself an enviable name as a public-spirited citizen in connection with civic affairs, and in provincial politics as the Liberal representative for South

Oxford he was held in high esteem. He served the town very ably as Mayor and in other capacities. He was an able speaker and whether in Parliamentary debate or otherwise invariably won the closest attention of his audience. Dr. McKay was a member of St. John's Lodge, A.F. and A.M. Besides his wife, he leaves two sons, Lieut. Wilfrid McKay, of the Ingersoll company of the 168th Battalion, Ross, and two daughters, Misses Eleanor and Betty, at home.

---

## MAJOR PAUL A. GILLESPIE

Major Paul A. Gillespie, M.D., graduate of the University of Toronto, Medicine, 1890, of the South African Expeditionary Force, German West Africa, died on March 24 at Winburg, South Africa, a victim of bubonic plague.

Born in Cannington, Ont., forty-eight years ago, he received his early education at Cannington, and later came to Toronto, where he first attended Jarvis Collegiate Institute, and later entered the University of Toronto in the Faculty of Medicine. He graduated at the age of twenty-two in 1890, and went to Penetang, where he practised for six years. On learning of the bright future for South Africa, he departed for that country in 1896, and continued his practice in Winburg, in the Orange River District.

When the South African war broke out he immediately offered his services to the Army Medical Corps, and served under General Botha with the rank of captain. On the outbreak of hostilities in German West Africa he again tendered his services, and with the rank of major he had served through all the engagements under General Smuts up until he succumbed to the bubonic plague, which has infested that country.

---

At his late residence, 206 Spadina Road, on Friday, April 21st, 1916, Horatio Charles Burritt, M.D.C.M., in his 76th year.

## The Physician's Library

*Instinct and Intelligence.* By N. C. Macnamara, F.R.C.S. London: Oxford Medical Publications. Toronto: McAinsh & Co., Limited. Price, $2.00.

In this book of 216 pages the author endeavors to give an outline of the evidence and the reasons upon which we rely to prove that the instinctive behaviour of human beings depends on work performed by definite parts of the brain. As a consequence, Doctor Macnamara maintains that education has not only to deal with the training of the mind or consciousness, but has first to deal with the proper development of the nervous substance of that part of the brain the orderly working of which is essential for the occurrence of instructive and intellectual phenomena.

Commencing with a discussion of atoms and molecules, unicellular and multicellular animals, the author proceeds to a study of the nervous system of the lower orders of creation, continuing up through the various orders until the human animal is reached. A study is then made of the production of sensations, memory, ideas, impressions.

The writer of the book holds that instinct in children is more to be relied upon than intellect. He advocates early training and recommends that free play be given to the actions of the child. The main object to be kept in view in educating children of the laboring classes is to mould the instinctive and association areas of their brains into a form which, under proper stimuli, will become manifest in a self-reliant, loyal character, steadfast in honest good work in whatever state of life the individual may be placed.

An appendix to the book discusses the origin of structural variations in living organisms and their adaptability to the environment.

*Bacteriology for Nurses.* By Harry W. Carey, A.B., M.D., former Assistant Bacteriologist, Bender Hygienic Laboratory, Albany, N.Y.; City Bacteriologist, Troy, N.Y. Philadelphia: F. A. Davis Company, Publishers.

This is a neat cloth-bound textbook, clearly printed and prepared in good style, with the caption of each paragraph in the margins, blank pages for notes by the pupils, and excellent plates by way of illustration. The style is very lucid, the subject matter including only the essentials that give a nurse a reasonably clear idea as to why she should disinfect her hands, a room, etc. One valuable chapter relates to the nurse's work in preparing specimens for laboratory examination. The book is very modern in its discussion of the most recent epidemic diseases, such as acute anterior polyomyelitis. It is the most satisfactory yet of all works compiled for nurses on this subject.

---

*Diseases of the Stomach and Upper Alimentary Tract.* By Anthony Bassler, M.D., Professor of Clinical Medicine, New York Polyclinic Medical School and Hospital; Visiting Physician, New York Polyclinic Hospital; Chief Gastro-enterologist, German Poliklinik; Visiting Gastro-enterologist, People's Hospital, New York City; Editor, *American Journal of Gastro-enterology;* President, New York Gastro-enterology Club; Member, American Medical Association, Medical Society, State, and County of New York, American Medical Editors' Association; Fellow, New York Academy of Medicine, etc. Third edition, revised and enlarged. Copiously illustrated with numerous half-tone and line text engravings and seventy-six full-page half-tone plates (over one hundred figures), plain and in colors, from original photographs and drawings. Philadelphia: F. H. Davis Co., Publishers. English Depot: Stanley Phillips, London. 1916.

The former editions of this work are well known to the medical profession as a standard on gastric diseases, the author having grafted diseases of the stomach and upper alimentary

tract onto the field of internal medicine, and the important fact is recognized that one engaged in gastro-enterology must be versed in internal medicine and pathology; that he should first engage for some years in observation and experience in general medicine, or at least internal medicine.

As a consequence of the above facts, this work has found favor with gastro-enterologist and general practitioner alike. We find many additions in the present edition. Symptoms, diagnosis and treatment have been rendered more practical; the X-ray and laboratory sides more complete; surgical section is brought up to the present-day advance and usefulness.

The large number of half-tone engravings and plates are from original photographs and drawings. The roentgenographs are particularly clear and helpful. W. H. P.

---

*Microbes and Men.* By Robert T. Morris, M.D. New York: Doubleday Page & Co. 1915.

By reason of his genius, his versatility, his originality, his industry, and a whole lot of other qualities, Doctor Morris has won, and easily holds, an unique position in American surgery. Anything that he writes is worth reading, and no writer gives us more frequent opportunities for disagreeing with his contentions. However, he sets us thinking about a host of things, gives us new viewpoints from which to study them, and does not demand our acceptance of his own conclusions regarding them. The topics discussed cover a range too wide to be even outlined here, but each one is of interest to every thinking physician. It does not matter that he rides his hobbies far and fast, and that at times he seems to us to come a cropper, since at all times he is sincere, forcible and entertaining.

This book of his is one of a series entitled "To-Morrow Topics."

A broadened outlook on life will be the ample reward of the doctor who adds it to his library and who reads it with discrimination. N. A. P.

*Sexual Impotence.* By Victor G. Vecki, M.D., Consulting Genito-Urinary Surgeon to Mount Zion Hospital, San Francisco. Fifth edition enlarged. Philadelphia and London: W. B. Saunders Company. 1915. Canadian Agents: J. F. Hartz Co., Ltd., Toronto.

Sexual Impotence is a term that is scarcely ever heard and rarely treated by the general practitioner of medicine, but is relegated to the special incursions of the quack who advertises widely and gets his timorous victims by the score. One of these quacks in Toronto, I am told, has an annual income of thirty thousand dollars per year, so one can have an idea of the magnitude of this field of study. The author of this work has spent many years of patient and trying study along this line, and I strongly advise every doctor to read the compilation of his efforts. A. J. H.

---

*Principles and Practice of Obstetrics.* By Joseph B. De Lee, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School. Second edition, thoroughly revised. Large octavo of 1,087 pages with 938 illustrations, 175 of them in colors. Philadelphia and London: W. B. Saunders Company. 1915. Cloth, $8.00 net; half morocco, $9.50 net. Sole Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

Dr. De Lee's many years of experience as a specialist in obstetrics has enabled him to write with authority. Upon carefully reading this book one is greatly impressed with the vast amount of knowledge to be derived from it. Everything pertaining to this subject is taken up in detail and dealt with in a masterly manner. To write a review of this book as it deserves would demand a detailed résumé of each chapter. It is one of the most valuable contributions for practitioner and student, and should not be considered simply for reference, but read most studiously from the commencement. It is unquestionably the best writing on the subject of obstetrics that has ever come from the Press. C. F. M.

*A Manual of Surgical Anesthesia.* By H. Bellamy Gardner, M.R.C.S., L.R.C.P., London; Honorary Anesthetist to the King George Hospital; Anesthetist to Charing Cross Hospital, St. Mark's Hospital, the National Orthopedic Hospital, the Male Lock Hospital, and Royal Dental Hospital, of London. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden.

This book is one that a student or general practitioner can profitably read. All the usual anesthetics and the methods of administering these are described. The dangers to be avoided are especially emphasized, as well as the ways of avoiding these dangers.

---

*Aids to Physiology.* By John Tait, M.D., D.Sc., Lecturer in Experimental Physiology, Edinburgh University, and R. A. Krause, M.D., D.Sc., Lecturer in Hygiene, College of Hygiene and Physical Education, Dunfermline; late Carnegie Fellow in Physiology. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1915. Cloth 3s. 6d. net.

This is a book of 242 pages and intended as a rapid review for students before examination. It is thoroughly up-to-date, and contains the essentials in such a way as to bring to the student's mind what he has heard in his lectures or read in the larger works on physiology. W. J. W.

---

*Medical Electricity and Rontgen Rays.* By Sinclair Tousey, Consulting Surgeon, Bartholomew's Clinic. Pages, 1,219; illustrations, 798.

The second edition of this well-known manual of electrotherapeutics should be welcomed by the ever-increasing number of physicians who are interested in the subject. The former edition has been revised and very much enlarged. The book has been brought thoroughly up to date by the addition of much material concerning later forms of treatment and improvements

in technique of radiography. Those who have not kept pace with the progress of electrotherapeutics in recent years will be rather surprised at the scope and character of this excellent work on a very important branch of electrotherapeutics.

C. R. D.

---

*A Practical Treatise on Infant Feeding and Allied Topics.* By Henry Lowinburg, A.M., M.D., Assistant Professor of Pediatrics, Medico-Surgical College of Philadelphia, etc. Philadelphia: F. A. Davis Co.

This work is that of a man well known for his many valuable monographs on the subject of pediatrics. It shows careful thought, vast experience and much original research. Every chapter is well worth perusal, those on hypertrophic pyloric stenosis being of great value; the skiagrams being the best we know of, depicting the condition under various headings, operative and medical. Doctor Dreever, the well known surgeon of Philadelphia, contributes the article on "Surgical Procedure," and clearly demonstrates the limits of the operation. The chapters on infant feeding are plain talk, not being padded up with too much laboratory lore, make them easily understood by the family physician and useful as a reference in cases of difficult feeding. The work is beautifully printed and the plates most faithful and artistic. In fact, the Davis people have lived up to their reputation. We can safely recommend this work to the busy practitioner and medical student.

---

*Diseases of the Nose and Throat.* By Algernon Coolidge, A.B., M.D., Professor of Laryngology in the Harvard Medical School, Laryngologist in the Massachusetts General Hospital. Illustrated. Philadelphia and London: W. B. Saunders Company. 1915.

This very instructive and unusual work has little in common with the ordinary text-book. Although it is of handbook size, the entire subject is treated thoroughly and comprehensively, the result of the author's clear and concise English and

the elimination of unnecessary detail, the author assuming that the reader is familiar with the fundamentals of the subject.

The anatomical illustrations are entirely diagrammatic, being confined to essential and practical points.

In the chapter on pathology the author neither exploits nor enters into abstruse discussions. Yet his summary of cause and effect is thoroughly up to date. (The paragraphs on the tonsil being particularly complete.) Where causes are unknown, he states so frankly and does not, as is so often the case, give some theoretical explanation, which in reality explains nothing. His remarks on history taking, examination and indications for operations are brief but particularly good. His common sense and practical suggestions are rarely found in the conventional text-books and in fact are only obtained by practical experience or by association with a teacher of ripened experience and profound judgment. It is with a feeling of relief that the reader notices the absence of descriptions of obsolete operations and methods of treatment so usually found.

Descriptions of treatment, both operative and medicinal, are given briefly, the author stating in his preface that treatment varies so widely among individual men and clinics that it is of little value to the reader, and it is true that in a work of this scope no useful purpose is obtained by detailed description. However, when one considers the many other practical suggestions with which the work is replete it is to be regretted that the author was not more explicit with regard to therapeutic measures used by himself.

The work is thoroughly readable and a valuable contribution to the study of rhino-laryngology.

A. D. M'K.

---

*Protozoa and Disease. Part IV, Rhizopod Protozoa.* By J. Jackson Clarke, M.B. (Lond.), F.R.C.S.

This small volume of 187 pages contains the author's views on the cause of cancer and other diseases of doubtful etiology. It is well illustrated by drawings, contains a few microphotographs and nine plates.

The text is based upon the writer's extensive research along lines to determine the etiology of these diseases. Most of the work is entirely original and places the whole subject before the medical profession from an entirely new point of view.

It is well worth while for physicians interested in the etiology of cancer and allied conditions to read, and I can recommend it to them.

---

*Cancer of the Stomach.* A Clinical Study of 921 Operatively and Pathologically Demonstrated Cases. By Frank Smithies, M.D., Gastro-Enterologist to Augustana Hospital, Chicago. With a chapter on the Surgical Treatment of Gastric Cancer, by Albert J. Ochsner, M.D., Professor of Clinical Surgery in the University of Illinois. Octavo of 522 pages, with 106 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, $5.50 net; half morocco, $7.00 net. Sole Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

This monograph is an analysis of facts observed in a great group of patients by a clinician. These cases and their records comprised part of the author's services extending over ten years at the University Hospital (Ann Arbor, Mich.), The Mayo Clinic (Rochester, Minn.), and at Augustana Hospital.

The section on symptomatology contains the symptom-complexes of cases grouped under certain types of the disease and should be found very helpful in the classification of cases.

The Roentgen examination contains the "last word" on this department. The numerous plates with brief histories subjoined are clear and enlightening.

The surgical treatment has been written up by Dr. Albert J. Ochsner, and ably illustrated from sketches made at the operating table by Mr. Thos. Jones.

From an almost hopeless condition cancer of the stomach has become quite amenable to treatment; this is mostly due to better clinical, pathological and surgical methods such as are described in this work, which will be found "meaty" and particularly free from padding.

*Straight Tips for "Subs."* A vest-pocket manual for the use of young Army Officers. By Capt. A. H. Trapmann, and published by Messrs. Forster, Groom & Co., 115 Charing Cross, S.W., at sixpence, ought to prove a great boon to the many bewildered and budding officers regarding the intricacies of the social usages of the salute and other matters of military life.

It will prove a sort of "Lord Chesterfield's Letters to His Son" sort of book in a social way, and will give many a tip regarding allowances, kit, duties and regulations. As thirty-five thousand copies now repose in thirty-five thousand pockets of young officers, we have no doubt that many more thousand copies will find their way into as many thousand "Subs'" pockets, from which they can be taken to provide material for lively debates and discussions at the mess, as well as proving a real source of information upon subjects upon which so little has been written.

---

*The Eternal Magdalene.* By Robert H. McLaughlin. Toronto: Copp, Clark & Co., 1916.

Whether the author who wrote this story, the famous actress who played the part of the Modern Magdalene or the large audience in the theatre or reading-room who followed the story have a depraved taste—is a grave question. If the healthy mind in a healthy body is the aim of medical science, then the tinge given to such books and such plays is stolen from the hours allotted for pure recreation—and, for even the social reformer, life's riddle is still unsolved; and perchance, perusing such books, a microbe is enhaled that, by the gelatine of which some young modern brains seem to be composed, may fructify and bring forth a desire for a strange, so-called thrilling experience of a sight of the life of the under world, instead of acting as a warning and deepening the horror of the awful abyss into which one moral mis-step may lead.

*The Practitioner's Medical Dictionary.* Containing all the words and phrases generally used in Medicine and the Allied Sciences, with their proper pronunciation, derivation and definition. By GEORGE M. GOULD, A.M., M.D., author of "An Illustrated Dictionary of Medicine, Biology and Allied Sciences," "The Student's Medical Dictionary," "Pocket Medical Dictionary," etc. Third edition, revised and enlarged by R. J. E. SCOTT, M.A., B.C.L., M.D., editor of Hughes' "Practice of Medicine," Gould and Pyle's "Cyclopædia of Medicine and Surgery," etc. Fellow of the New York Academy of Medicine. Based on recent medical literature, with many tables. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price, $2.75 in cloth.

The third edition of Gould's "Practitioner's Medical Dictionary" now appears thoroughly revised and practically rewritten. It would seem to include every medical term now in use, but what to our way of thinking is equally important, it has been gotten out in convenient form and at a price that permits of one and all securing it. Each word in the volume is pronounced "according to Gould," and the definitions are concise and clear. The volume is published in flexible binding, cloth or leather, with marbled edges and round corners.

---

*Social Travesties and What They Cost.* By D. T. ATKINSON, M.D. New York: Vail, Ballou Company, Publishers.

The author discusses the social evil, its causes, its effects and methods of elimination. He points out the viciousness resulting from ignorance, which ignorance results from a false modesty which so long has prevailed among the passing generation. The unfair treatment of the poor and the criminal and their environment have led to much mischief and sexual wrongdoing—resulting in the two social diseases which are creating such a havoc among the people. With the education of the adolescent of both sexes, the teaching of continuance, the abolition of poverty, much good will come and the dawn of a brighter day for the race.

R
11
C38
v.39

The Canadian journal of medicine and surgery

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE